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Events - 6/99 - National HIV Testing Day

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TAKE THE TEST

WILL *Take Control*

NATIONAL HIV
TESTING DAY

J U N E 2 7

A PROJECT OF

the
National
Association
of
People
with
AIDS

CAMPAIGN KIT

PHOTOCOPY
PRESERVATION

WHAT ARE YOU WAITING FOR?

GET TESTED FOR HIV!



A PROJECT OF



TAKE THE TEST ► TAKE CONTROL

For more information about voluntary, anonymous and confidential testing contact:

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STAY TOGETHER FOR EVER!

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MANTENGAMONOS JUNTOS PARA SIEMPRE!

HAZTE LA PRUEBA DEL VIH!



UN PROYECTO DE



HAZTE LA PRUEBA. TOMA CONTROL

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FRIENDS HELP FRIENDS STAY ALIVE!

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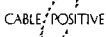
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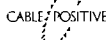
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Take Control

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May 1, 1999

Dear Friend and Partner in the Fight to End HIV:

The Centers for Disease Control and Prevention estimates that there are over 200,000 Americans living with HIV who do not know their HIV status. Without medical care, treatment and support these individuals are at increased risk for an early death and of passing the virus to others.

To combat this situation, the National Association of People with AIDS (NAPWA) will sponsor its 5th National HIV Testing Day Campaign in June 1999. As you may know, NAPWA began the HIV Testing Day Campaign as part of its ongoing efforts to improve the health of people living with HIV through participation in voluntary HIV antibody counseling and testing programs. Our lead partners in the effort, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the National Alliance of State and Territorial AIDS Directors (NASTAD), Cable Positive, Bristol-Myers Squibb Immunology, Epitepe, Inc., Abbott Laboratories, Agouron Pharmaceuticals, Planned Parenthood Federation of America, and Whitman Walker Clinic, have provided major financial support for this project. NAPWA is greatly committed to this campaign and hopes to have your support in promoting HIV testing Day.

NAPWA believes that participation in HIV antibody counseling and testing is a major step in one's decision to take control and responsibility over one's health. The National HIV Testing Day Campaign brings the "Take the Test, Take Control" message to a diverse group of people and communities nationwide. By spelling out the risk factors for HIV infection in clear, non-coercive and culturally relevant ways, people who were reluctant to be tested are encouraged to do so because they trust the messenger, and the message.

The medical and social research advances of the past decade have enhanced our HIV prevention and treatment efforts. Certainly, the most significant research advance has been the development of highly potent antiretrovirals that when used in combination have successfully contributed to the decreased number of AIDS deaths. The efficacy of the new drugs combined with growing scientific opinion that early diagnosis and treatment of HIV disease has heightened the role of testing and counseling programs. The advent of a urine HIV antibody test device, an oral HIV antibody test, the home testing collection HIV test products, and rapid HIV antibody test devices have increased potential methods and access points for HIV testing.

NAPWA stresses the equal importance of pre-test and post-test counseling in conjunction with any form of testing. The earlier a person is diagnosed and begins to monitor her or his health, the greater the chance of remaining healthy. HIV counseling and testing is an excellent opportunity for the professional to establish direct dialogues with individuals who are engaging at high-risk activities. Uninfected

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and infected individuals should both receive information to assist them in maintaining behavior changes or modifying behavior to prevent new infections.

Receiving a positive diagnosis for HIV can be a devastating discovery. The many medical, social and psychological components of HIV disease are often difficult to grasp when first diagnosed. However, HIV testing when coupled with clear, comprehensive education, privacy and early health monitoring, offers people living with HIV a real opportunity to take control of personal circumstances, and to live long and healthy lives.

OUTLINE OF THE CAMPAIGN

The principal purpose of the campaign is to educate the public about HIV counseling and testing and to encourage actual counseling and testing for those at risk for infection, specifically African-American and Latino communities. This year the campaign also focuses on sexually active women, adolescents, and young gay and bisexual men, at-risk populations that continue to see extremely high rates of HIV infection. The testing materials are available in both English and Spanish.

NAPWA will utilize its successful grassroots poster campaign, news media alerts, television and radio public service announcements, print advertisements and HIV/AIDS fact sheets to promote the campaign. We will continue to draw national media attention to this issue, to collaborate and encourage local participation in the major state/urban areas with high prevalence rates.

HOW YOU CAN HELP

If your organization or clinic offers HIV counseling and testing, use June 27, National HIV Testing Day, as an opportunity to promote your services and the importance of voluntary HIV counseling and testing to your community.

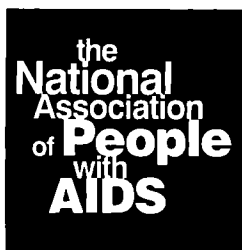
Since June 27, National HIV Testing Day is on a Sunday this year, take this great opportunity to get your local faith community involved in HIV/AIDS efforts in your area. If you do not offer HIV counseling and testing, use June 27, National HIV Testing Day, as an opportunity to educate and inform those you serve on where and how they can access counseling and testing.

The information contained in the enclosed campaign kit will facilitate your participation in National HIV Testing Day and localize the campaign to better serve your individual community. We have identified "captains" in the fifty states, local areas and territories (a list is enclosed) that are available to assist or answer any questions you may have. Organizations may also contact Tony Farmer, NAPWA's Director of Education, at 202.898.0414.

Thank you for joining and supporting NAPWA in this project. Your participation makes a difference.

Until there's a cure,

A. Cornelius Baker
Executive Director



Fact Sheet

Men Who Have Sex with Men (MSM) and HIV/AIDS

Men who have sex with men (MSM) are the single highest-risk population group for HIV infection in the United States. MSM account for 49 % of all adult/adolescent AIDS cases reported through June 1998. Of the reported HIV cases among young men, young MSM represent nearly 75 % of the cases. In 1997, adult/adolescent males (over the age of 13) accounted for 68% of new HIV infections. Of all male AIDS cases reported, 58% were MSM. Even more alarming are the number of cases among MSM of color. Of the total reported AIDS cases:

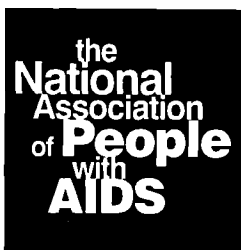
- African-American MSM accounted for 38% of AIDS cases among African-American males.
- Latino MSM accounted for 45% of AIDS cases among Latinos.
- Among American Indian/Alaska Native men, MSM accounted for 58% of AIDS cases.
- Asian/Pacific Islander MSM accounted for 74% of AIDS cases among Asian/Pacific Islander men.
- Among White, not Latino men, MSM represented 75% of reported AIDS cases.

Recent studies have indicated that many young gay and bisexual men are engaging in unprotected anal intercourse with men. There have been reports of increases in anal gonorrhea among young gay men in some areas. Also, an estimated three out of four HIV infections among young men occur in young MSM. The category of men who have sex with men is reported as the means of HIV infection in 45% of HIV cases reported through June 1998. The total number increases to 51% when you combine MSM with the category of men who have sex with men and inject drugs.

Despite the increase in HIV prevention and outreach targeting MSM, the numbers of new cases of HIV infection still remains significant. Factors that contribute to the steady and, in some populations, increases rates of infection of MSM, include: homophobia, perceptions that HIV infections are among older MSM, alcohol and drug use and cultural and community influences. There is a need to increase community-based outreach and culturally sensitive educational efforts to men who have sex with men. The message should include understanding the importance of and benefitting from knowing their HIV status, and to encourage volunteer HIV testing.

Updated April 1999
Source: CDC, HIV/AIDS Surveillance Report, 1998: 10(No.1).

“Take the Test, Take Control”



Boletín Informativo

Hombres que tienen sexo con hombres (MSM, por su siglas en Inglés) y VIH/SIDA

Hombres que tienen sexo con hombres (MSM, por su siglas en Inglés) son el principal grupo de altos riesgos de infección de VIH en los Estados Unidos. MSM cuenta por el 49% de todos los casos de SIDA de adultos/adolescentes reportados hasta Junio 1998. De los casos reportados de VIH entre hombres jóvenes, jóvenes MSM representan cerca de 75% de casos. En 1997, hombres adultos/adolescentes (más de 13 años) fueron el 68% de las nuevas infecciones de VIH. 58% fueron (MSM). Son más alarmantes la cantidad de casos entre MSM de color. De el total de casos reportados de SIDA:

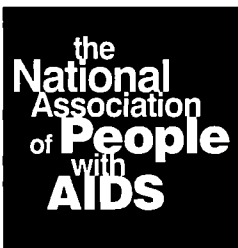
- Afro-americanos MSM cuentan por el 38% de casos de SIDA entre hombres afro-americanos.
- Latino MSM cuentan por el 45% de casos de SIDA entre latinos.
- Entre hombres Indio-americanos/Nativos de Alaska, MSM cuentan por el 58% de casos de SIDA.
- Asiáticos/de las Islas del Pacífico MSM cuentan por el 74% de casos de SIDA entre hombres asiáticos/de las Islas del Pacífico.
- Entre Anglosajones, no latinos, MSM representaron 75% de casos reportados de SIDA

Estudios recientes han indicado que muchos hombres jóvenes gay y bisexuales tienen contacto sexual anal con hombres sin protección. Los informes evidencian el aumento de los casos de gonorrea anal entre jóvenes gay en algunas áreas. Un promedio 3 de 4 infecciones de VIH entre hombres jóvenes ocurren en jóvenes MSM. Hombres que tienen sexo con hombres esta reportado como la categoría de infección de VIH en 45% de los casos de VIH reportados hasta Junio 1998. La cantidad aumenta a 51% cuando se combinan la categoría de hombres que tienen sexo con hombres y que son usuarios de drogas intravenosas.

A pesar del aumento de educación y prevención del VIH dirigiéndose a MSM, la cantidad de nuevos casos de infección de SIDA todavía es significativa. Los factores que contribuyen a las proporciones de infección en MSM, aumentándolas en ciertas poblaciones incluyen: homofobia, percepciones de que la infección de VIH existe sólo entre MSM de edad adulta, entre usuarios de alcohol y drogas así como la influencia de la comunidad y la cultura. Hay necesidad de aumentar la educación dirigida a la comunidad y los esfuerzos educativos culturalmente sensitivos a hombres que tienen sexo con hombres. El mensaje debe incluir el entendimiento de y el beneficio de saber su estatus de VIH y el incentivo para la prueba voluntaria del VIH.

Información de: CDC, HIV/AIDS Surveillance Report, 1998: 10(No. 1)

“Hazte La Prueba, Toma Control”



Fact Sheet

African-Americans and HIV/AIDS

The impact of the AIDS epidemic on African-Americans continues to grow disproportionately. Currently, African-Americans represent 12 % of population in the United States. In 1982, 23 % of initial cases were among African-Americans. As reported through June 1998:

- African-Americans accounted for 36 % of total AIDS cases, and 43 percent of new AIDS cases.
- Among men, African-Americans represented 33 % of total reported AIDS cases.
- Among women, African-Americans represented 56 % of total reported AIDS cases.

The numbers are more alarming for HIV infections as reported from the 31 states with confidential HIV infection reporting. Through June 1998, African-Americans accounted for 53 % of total reported HIV cases.

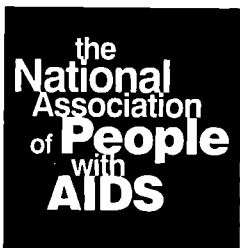
- African-American men accounted for 65 % of the HIV cases among African-Americans, and 47 % of HIV cases among all men.
- Of the total cases of HIV infection among women, African-American women accounted for 68%.
- An estimated 35 % of AIDS cases among young people, ages 13-24, were African- American.
- AIDS related illnesses are the leading causes of death of men and women between the ages of 25 and 44.

For African-American men, having sex with men continues to be the most reported means of being infected with HIV. Heterosexual contact is the most common mode of transmission among African-American women. Injection drug use is very significant in transmitting HIV among African-American men and women.

Prevention, education and outreach efforts need to continue and increase within the African-American community. Included in these efforts should be messages that stress the importance and benefits of knowing your HIV status.

Updated April 1999
Source: CDC, HIV/AIDS Surveillance Report, 1998: 10(No. 1)
Kaiser Family Foundation, National Survey on African-Americans on HIV/AIDS, 1998

“Take the Test, Take Control”



Boletín Informativo

Afro-americanos y VIH/SIDA

El impacto de la epidemia del SIDA en afro-americanos continua creciendo desproporcionalmente. Al momento, los afro-americanos representan el 12 por ciento de la población en los Estados Unidos. En 1982, el 23 por ciento de los primeros casos fueron entre afro-americanos. Las estadísticas a Junio de 1998:

- Afro-americanos son el 36 por ciento del total de casos de SIDA y el 43 por ciento de nuevos casos de SIDA.
- Entre hombres, los afro-americanos representan el 33 por ciento del total de casos de SIDA reportados.
- Entre mujeres, las afro-americanas representan el 56 por ciento del total de casos de SIDA.

Las estadísticas de infecciones del VIH son más alarmantes de acuerdo a los informes de los 31 estados con reportes de infección de VIH confidencial, los afro-americanos representaron el 53 por ciento de los casos de VIH.

- Hombres afro-americanos representan 65 por ciento de los casos de VIH entre la población afro-americana y el 47 por ciento de casos de VIH entre hombres.
- Del total de casos de infección del VIH entre mujeres, las mujeres afro-americanas representan el 68 por ciento.
- Aproximadamente el 35 por ciento de casos de SIDA entre jóvenes, edad 13-24, fueron afro-americanos.

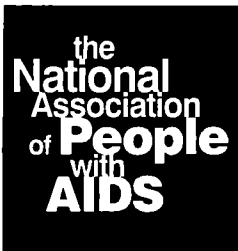
Para hombres afro-americanos, la categoría de hombres que tienen sexo con otros hombres continua siendo la mayor causa de infección con VIH. El contacto heterosexual es la forma de transmisión más común entre mujeres afro-americanas. El uso de drogas inyectadas es muy significativa en la transmisión de VIH entre hombres y mujeres afro-americanos.

VIH y SIDA continua afectando e impactando esta comunidad más que a cualquier otra población en los Estados Unidos. Las muertes asociadas con complicaciones de SIDA han disminuido en años recientes. Sin embargo, esos resultados fueron significativamente bajos en la comunidad afro-americana. En esta comunidad, enfermedades relacionadas con SIDA son las principales causas de muerte de hombres y mujeres entre las edades 25 y 44.

Es esencial que los esfuerzos para prevenir y educar continuen y aumenten entre la comunidad afro-americana. Los esfuerzos deben incluir mensajes que hagan énfasis en la importancia y el beneficio de saber su estatus del VIH.

Información de: CDC, HIV/AIDS Surveillance Report, 1998: 10(No. 1). Kaiser Family Foundation, National Survey of African Americans on HIV/AIDS, 1998.

“Hazte La Prueba, Toma Control”



Fact Sheet

Latinos and HIV/AIDS

Latinos are one of the fastest growing ethnic minorities in the United States, representing a variety of ethnic, socioeconomical and cultural backgrounds. At nearly 30 million people, Latinos represent approximately 11% of the total population. However, they account for nearly 20% of new AIDS cases reported through June of 1998. The Latino community is disproportionately affected and impacted by the AIDS epidemic.

- Latinos represent 17% of all AIDS cases reported among men.
- Latinas (Latino women) account for 20% of total reported AIDS cases among women.
- For Latino men, the current AIDS case rate is nearly three times that of non-Hispanic white men.
- From 1986 to 1996, the number of Latinas infected heterosexually increased from 30% to 60%.

In 1996, of the HIV tests performed in publicly funded HIV counseling and testing sites, Latinos represented 15% of the tests. However, over 20% of the total positive tests results were Latinos.

For Latino men, the most common method of getting infected is having sex with other men, followed by injection drug use. Injection drug use and heterosexual contact with men are the major way Latinas become infected.

Through 1997, HIV infection was the fourth leading cause of death for Latinos, while the eighth leading cause of death for the overall population. Although the deaths associated with HIV disease have declined in recent years, the numbers of new HIV infection cases remain level or are increasing among specific populations including the Latino community.

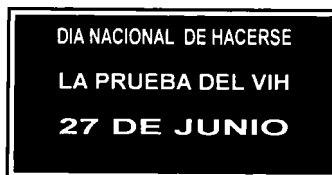
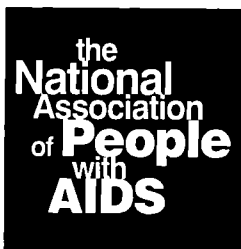
Therefore, the need for increased educational and outreach efforts that are culturally sensitive and appropriate to the Latino community is imperative. The efforts should include the benefits of knowing their HIV status.

Updated: April 1999

Source: CDC, HIV/AIDS Surveillance Report, 1998: 10(No.1).

Kaiser Family Foundation, National Survey of Latinos on HIV/AIDS, Spring 1998.

“Take the Test, Take Control”



Boletín Informativo

Latinos y VIH/AIDS

Los latinos son una de las minorías étnicas que crecen rápidamente en los Estados Unidos, representando variedad socioeconómica y cultural. Al rededor de 30 millones de personas, los latinos representan aproximadamente el 11 por ciento del total de la población. Ellos cuentan al re dedor de 20 por ciento de nuevos casos del SIDA reportados junio, 1998. La comunidad latina esta desproporcionadamente afectada e impactada por la epidemia del SIDA.

- Los latinos representan el 17 por ciento de todos los casos del SIDA reportados entre hombres..
- Las latinas cuentan por el 20 por ciento de todos los casos del SIDA reportados entre hombres.
- Para los hombres Latinos, la proporción de casos del SIDA en el momento es casi el triple de los hombres que no son latinos.
- De 1986 a 1996, el número de Latinas infectadas heterossexualmente aumenta del 30 por ciento al 60 por ciento.

En 1996, de las pruebas de VIH administradas en centros y lugares de servicios de VIH, los latinos representan el 15 por ciento de los exámenes. Por lo tanto, el 20 por ciento del total de pruebas positivas resultaron ser latinos.

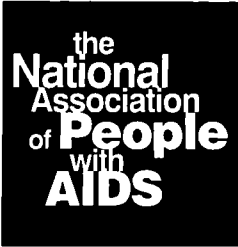
Para los latinos, el metodo más común de infectarse es por medio del sexo con hombres, siguiendo el uso de drogas intravenosas.. El uso de drogas intravenosas y el contacto heterossexual con hombres son las causas principales de infección entre las latinas.

Hasta 1997, la infección del VIH fue la cuarta causa principal de muerte para los latinos y la octava causa principal de muerte para toda la población. Aunque las muertes asociadas con la enfermedad del SIDA han disminuido en los años recientes, los números de nuevos casos de infección del VIH siguen iguales o están aumentando entre poblaciones específicas incluyendo a la comunidad latina.

Por lo tanto, la necesidad de aumentar los esfuerzos de educar y prevenir, siendo culturalmente sensitivos y apropiados, a la comunidad latina son esenciales. Los esfuerzos deben incluir los beneficios de saber su estatus de VIH.

Información de: CDC, HIV/AIDS Surveillance Report, 1998: 10(No.1)

“Hazte La Prueba, Toma Control”



Fact Sheet

Young People and HIV/AIDS

In the United States, young adults and teenagers account for an increasing number of HIV infections every year. This population group is now infected with and impacted by HIV more than most other groups. Every hour, two Americans under the age of 20 become infected with HIV.

- In 1997, estimated 50% of reported new cases of HIV infections in the United States occurred in people between 15 and 24 years of age.
- About 25% of all people living with HIV became infected with HIV when they were teenagers.

Through June of 1998, nearly 27,000 cases of AIDS were reported in people between the ages of 13 and 24 in the United States. Moreover, people with AIDS before the age of 30 were infected with HIV in their teens and early twenties. AIDS-related illnesses rank sixth of the causes of death among people between the ages of 15 and 24.

The HIV/AIDS pandemic continues to disproportionately affect specific populations of teenagers and adolescents. These specific groups, especially at risk for becoming infected, include young men who have sex with men (MSM), African-American and Latino teenagers and young adults, and women between the ages of 15 and 24.

- Young MSM account for estimated three out of four HIV infections among young men.
- African-American and Latino women over the age of 13 comprise 80% of reported AIDS cases among women in the United States.
- HIV/AIDS is the leading cause of death for African-Americans between the ages of 25 and 44 years of age, many whom were infected as teenagers.

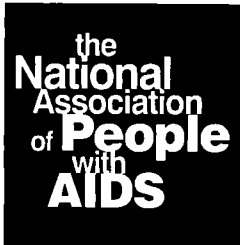
The increasing rate of HIV infection among young people also indicates that more emphasis needs to be placed on HIV prevention including abstinence, safer sex methods and other risk reduction behaviors. Also, education and outreach messages, culturally sensitive and populations specific, should address the benefits of knowing your HIV status.

Updated April 1999

Source: CDC, HIV/AIDS Surveillance Report, 1998: 10(No. 1)

Kaiser Family Foundation, National Survey of Latinos on HIV/AIDS, 1998.

“Take the Test, Take Control”



Boletín Informativo

Personas Jovenes y VIH/SIDA

En los Estados Unidos, el número de infecciones del VIH entre los adolescentes aumenta su número cada año. Este grupo demográfico esta ahora infectado e impactado con el VIH más que otros grupos. Cada hora, dos americanos menores de 20 años llegan a ser infectados con VIH.

- En 1997, aproximadamente 50% de nuevos casos del VIH reportados en los Estados Unidos ocurrieron en personas entre 15 y 24 años de edad.
- Cerca del 25% de todas las personas viviendo con el VIH llegan a ser infectadas cuando ellos eran adolescentes.

Cerca de 27,000 casos de SIDA fueron reportados en personas entre las edades de 13 y 24 años en los Estados Unidos hasta junio de 1998. Por lo tanto, personas con SIDA antes de los 30 años de edad fueron infectadas con VIH en su adolescencia. Enfermedades relacionadas con el SIDA son la sexta en las causas de muerte entre personas de 15 a 24 años.

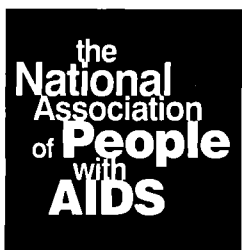
El VIH/SIDA pandemia continua a desproporcionalmente afectarespecíficamente la población de jovenes adolescentes. El grupo de hombres jovenes que tienen sexo con hombres (MSM), afro-americanos y latinos jóvenes y mujeres entre las edades 15 a 24, están especialmente a riesgo de ser infectados.

- Jóvenes (MSM) representan tres de cada cuatro infecciones de SIDA entre hombres jóvenes.
- Las mujeres afro-americanas y latinas mayores de 13 años de edad representan el 80% de casos de SIDA reportados entre mujeres en los Estados Unidos.
- VIH/SIDA es la causa primaria de muerte para Afro-americanos entre las edades de 25 y 44 años, muchos de los cuáles fueron infectados en su adolescencia.

La proporción de la infección del VIH en jovenes adolescentes aumenta e indica que se necesita poner más énfasis en prevención del VIH incluyendo los metodos de abstinencia, sexo seguro y otras formas de actuar que reduzcan el riesgo. También, Los mensajes educativos, culturalmente sensitivos y dirigidos a la población específica, deben de expresar los beneficios del conocer su estatus en cuanto al VIH.

Información de : CDC, HIV/AIDS Surveillance Report, 1998: 10(No.1)
Kaiser Family Foundation, National Survey of Latinos on HIV/AIDS, 1998.

“Hazte La Prueba, Toma Control”



Fact Sheet

HIV Antibody Testing Options

The Centers for Disease Control and Prevention estimate that between 650,000 and 900,000 Americans are infected with HIV. Over 200,000 Americans do not know they are infected, and may continue to engage in behavior that could jeopardize their health, and the health of others.

Testing Programs

Voluntary counseling and testing programs provide people an opportunity to learn their current HIV status, receive counseling about any behavior changes needed to avoid infection or infecting others, and receive information and referrals to additional prevention programs, medical care or other services.

Confidential HIV testing means you give your name when getting tested. Only medical personnel or state health departments have access to the test results. You must provide written permission before this information can be revealed to others. **Anonymous HIV testing** means that no name is given to the testing center and only you are aware of the results. Anonymous testing is available in 40 states, the District of Columbia and Puerto Rico.

Types of HIV Antibody Tests

There are several HIV antibody tests being used today. All testing options are not available in all areas. Contact your local health department for the tests available in your area.

Standard blood test: This was the first HIV antibody test developed and made available. It is the most widely used. With this test, an initial assay is used (the ELISA), and confirmed using a more specific test (Western Blot).

Home testing kit: This do-it-yourself test kit uses the same technology as the standard blood test. Individual blood samples are collected at home, and mailed to a laboratory. Test results are provided over the telephone. The cost of home testing kits ranges between \$30 and \$45, and are available at many drug stores.

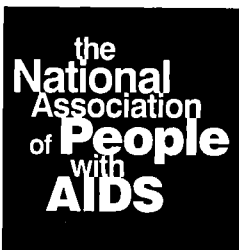
Oral mucosal transudate test: This test, an alternative to the standard blood test, uses a specially treated pad placed in your mouth, between the lower cheek and gum. The pad collects an oral fluid called oral mucosal transudate (OMT). This fluid contains HIV antibodies in an HIV infected person. This test does not test for HIV in saliva.

Rapid HIV antibody tests: Where the standard HIV antibody testing procedure requires up to two weeks for results, the rapid test gives results in 10-30 minutes. The rapid test is a blood test, used as a screening test to detect HIV antibodies.

Urine HIV antibody test: The first urine-based HIV antibody testing system was approved in 1998. This test uses the Western Blot technique to detect HIV antibodies. This test eliminates accidental needle sticks and exposure-related dangers, protecting the patient and healthcare worker.

The tests can detect HIV antibodies in the body as early as two weeks after someone has been infected. Some people can take up to six months before antibodies are detected on the tests. There may be a cost for the HIV antibody test; however, in some cases the test is free. Contact your local health department the National AIDS hotline (1-800-342-2437) for the testing sites and options in your area.

“Take the Test, Take Control”



DIA NACIONAL DE HACERSE
LA PRUEBA DEL VIH
27 DE JUNIO

Boletín Informativo

LAS OPCIONES PARA LA PRUEBA DE LOS ANTICUERPOS DEL VIH

El Centro de Control de la Enfermedad y la Prevención (CDC) estima que entre 650,000 y 900,000 americanos están infectados con VIH. Más de 200,000 americanos no saben que están infectados, y pueden continuar acciones en las cuales pongan en peligro su salud y la de otros.

Los Programas de la Prueba

Consulta voluntaria y los programas de la prueba proveen a las personas la oportunidad de saber cual es su estatus de VIH, recibir consulta acerca de cualquier cambio de acciones necesitada para prevenir infección o infectar a otros y recibir información y referencias a programas de prevención, ayuda médica u otro programa.

La Prueba del VIH Confidencial significa que das tu nombre cuando te haces la prueba. Solo el personal médico y el Departamento del Estado de la Salud tienen acceso a los resultados de la prueba. Tu debes de proveer un permiso en escrito antes de que esta información pueda ser enseñada a otros. **La prueba del VIH anónima** significa que no hay que dar el nombre a el centro donde se hace la prueba y solo tu estas al tanto de los resultados. La prueba anónima está disponible en 40 estados, el Distrito de Colombia y Puerto Rico, desde Mayo de 1998.

Tipos de Pruebas de Anticuerpos de VIH

Hay varios tipos de pruebas de anticuerpos del VIH en uso ahora. Todas las opciones de pruebas no están disponibles en todas las areas. Contacte a su departamento de salud local para saber que pruebas están disponibles en su area.

La Prueba de Sangre Típica: Este fue la primer prueba de anticuerpos desarrollada y disponible. Es el más usado. Este examen esta dividido en dos partes. La

prueba inicial se llama (ELISA) y los resultados se confirman usando la prueba específica llamada (Western Blot).

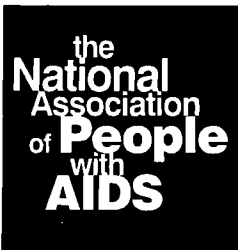
El Equipo de Prueba para la Casa: El individual hace esta prueba y usa la misma tecnología de la prueba de sangre típica. Las muestras individuales están colectadas en la casa, y enviadas al laboratorio. Los resultados son proveidos por medio del teléfono. Este tipo de prueba cuesta entre \$30 y \$45 y esta disponible en cualquier farmacia.

La Prueba de Transudado de Mucosa Oral: Esta prueba es una alternativa a la prueba de sangre típica. Utiliza una almohadilla especial que se coloca dentro de la boca, entre la encilla y la parte inferior del pomulo. La almohadilla recogen un fluido conocido como mucosa oral transudado. Este fluido contiene anticuerpos VIH cuando la persona esta infectada con el virus. Este examen no prueba la presencia de VIH en la saliva.

Prueba Rápida de Anticuerpos VIH: Mientras que la prueba normal de anticuerpos VIH requieren un periodo de hasta dos semanas para obtener resultados, la prueba rápida permite obtener resultados en un periodo de 10 a 30 minutos. La prueba rápida es una prueba de sangre utilizada para estudiar la presencia de anticuerpos VIH.

Los exámenes pueden detectar la presencia de anticuerpos VIH tan pronto como dos semanas hasta dos semanas después de haberse infectado. Algunas personas pueden tardar hasta seis meses antes de que puedan detectar anticuerpos en las pruebas de sangre. Puede haber un costo en la prueba de anticuerpos VIH pero en algunos casos el examen es gratis. Comunícate con tu Departamento de Salud local o por la Línea Nacional del SIDA (1800-342-2437) para obtener información sobre los lugares y opciones disponibles en tu area.

“Hazte La Prueba, Toma Control”



Fact Sheet

Women and HIV/AIDS

The AIDS epidemic has increased most dramatically among women, especially during the last decade. Women account for 16% of the total number of reported AIDS in the United States through June of 1998. Over 26% of the report HIV cases, from those states that have confidential testing, are women.

The impact of HIV infection on African-American and Latino woman has been disproportionate. They represent 25% of the women in the United States, but account for 80% of the AIDS cases among females, through June, 1998. Women, who developed AIDS by the age of 30, were most likely infected while in their teens or early twenties.

- AIDS is the leading cause of death of women ages 25-44 and the leading cause of death among African-American women.
- Of the reported AIDS cases in 1997 among 13-19 year olds, 49% were female: in the 20-24 year old age group, 38%; and the 25 and older group, 21% were female.
- 91% of all children reported with AIDS and 86% of all children reported to currently be infected with HIV were born to HIV-positive mothers.
- More than 80% of reported AIDS cases pediatric AIDS cases (those under age 13) are among African-American and Latinos.

Of all reported AIDS cases among women, most became infected through injection drug use. Also, the number of women infected with HIV heterosexually increases each year. Other factors that contribute to the rising number of HIV and AIDS cases among women include cultural and religious influences, especially among African-American and Latino women.

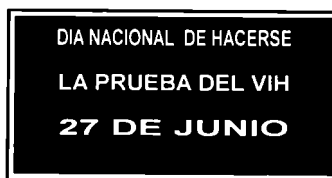
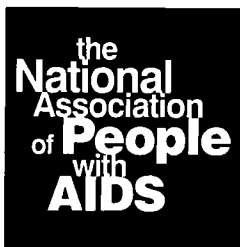
Reports suggest that women are likely to die from advanced HIV disease earlier than men. One reason is that many women are misdiagnosed, or learn of their HIV status in the latter stages of the disease. Therefore, it is important that women, and others, at risk for HIV infection, learn the benefits of knowing if they are HIV infected or not.

Updated: April 1999

Sources: CDC, HIV/AIDS Surveillance Report, 1998: 10(No. 1).

Kaiser Family Foundation, National Survey of Latinos on HIV/AIDS, 1998.

“Take the Test, Take Control”



Boletín Informativo

Mujeres y VIH/SIDA

La epidemia del SIDA ha aumentado dramáticamente entre mujeres, especialmente durante la última década. Las mujeres representan el 16 por ciento del número total de casos del SIDA reportados en los Estados Unidos hasta junio de 1998. Más del 26 por ciento de casos del VIH reportados, de los estados que administran pruebas confidenciales, son mujeres.

El impacto de la infección del SIDA en las mujeres afro-americanas y latinas ha sido desproporcionado. Ellas representan el 25 por ciento de las mujeres en los Estados Unidos, pero cuentan por el 80 por ciento de los casos del SIDA entre mujeres, hasta junio, 1998.

- Las mujeres que desarrollan el SIDA a los 30 años, fueron en la mayoría de los casos infectadas durante su adolescencia.
- El SIDA es la causa principal de muerte en las mujeres entre las edades de 25-44 años y la causa principal de muerte entre afro-americanas.
- De los casos reportados del SIDA en 1997 entre individuos de 13-19 años, 49% fueron mujeres: en el grupo de 20-24 años, 38%; y el grupo de 25 años o más, 21% fueron mujeres.
- Anglosajonas, no latinas, representan el 23 por ciento de casos reportados de SIDA, y 24 por ciento de casos reportados de VIH.
- El 91 por ciento de todos los niños reportados con SIDA y el 86 por ciento de todos los niños infectados con VIH fueron nacidos de madres VIH positivas.
- Más del 80 por ciento de los casos reportados de SIDA pediátrico (Aquellos menos de 13 años) están entre afro-americanos y latinos.

De todos los casos de SIDA reportados entre mujeres, la mayoría llegaron a ser infectadas por medio del uso de drogas. También, el número de mujeres heterosexuales infectadas aumenta cada año. Otros factores que contribuyen al continuo aumento de casos del VIH y SIDA entre mujeres incluyen las influencias culturales y religiosas, especialmente entre afro-americanas y latinas.

Informes indican que en la mayoría de los casos las mujeres mueren de enfermedad del VIH avanzada más pronto que los hombres. Una razón es que muchas mujeres están mal diagnosticadas, o descubren su estatus de VIH positivo en la etapa desarrollada de la enfermedad. Por lo tanto, es importantes que las mujeres, y otros, en riesgos de infección del VIH, sepan si están infectados o no.

Información de: CDC, HIV/AIDS Surveillance Report, 1998:(No. 1).

“Hazte La Prueba, Toma Control”

NHTD Team Captain List

State	City	Name	Organization	Phone
AK	Anchorage	Noel Rea	State of Alaska Department of HSS	(907) 269-8000
	Anchorage	Wendy Craytor	State of Alaska Department of HSS	(907) 269-8058
AL	Montgomery	Sandra Lengston, Director	Division of HIV/AIDS Prevention and Control	(334) 206-5364
AR	Little Rock	Arlene Rose, Director	AR DOH	(501) 661-2135
	Little Rock	Gary Horton, Director	AIDS/STD Division	(501) 661-2503
AZ	Phoenix	Christopher Brown, Chief	AZ Dept. of Health Services	(602) 230-5819
CA	Cameron Park	Melanie M. Spring		(916) 667-5661
	Covina	Jamie Espinoza		(818) 331-5246
	Los Angeles	Gabriel Rodriquez	Office of AIDS Programs & Policy	(213) 637-8425
	Sacramento	Drew Johnson, Chief	California Office of AIDS	(916) 323-4031
CO	Sacramento	Vanessa Baird	Office of AIDS, CA DoHS	(916) 323-7415
	Denver	Karen Ringen, E.D.	Governor's AIDS Council, CO DoH	(303) 692-2719
	Denver	Ann McGrath	CO DOH	(303) 692-2719
	Denver	Nancy Spencer	Program Manager, CO DoH	(303) 692-2741
CT	Fort Collins	Gerald E. Ernst		(970) 224-1115
	Hartford	Beth Weinstein, MPH	Connecticut Dept. of Health	(860) 509-7832
	Hartford	Brenda Delgado	AIDS Program	(860) 509-7832
	Washington	Ron Lewis, Administrator	Dept. of Health and Human Services	(202) 727-2500
DC	Washington	Stephen A. Miller	DC Department of Health	(202) 727-2500
	Washington	Ivan Torres	DC Department of Health	(202) 727-2500
	Washington	Ivan Torres	DC Department of Health	(202) 727-2500
DE	Dover	James C. Welch, RN	DE H&SS, Division of Public Health	(302) 739-3032
	Dover	Lillian Whitaker	DE Health & Social Services	(302) 739-3032
FL	Bal Harbour	Deidra Henry		(305) 865-5181
	Panama City	Tim Johnson	Bay County Public Health Department	(850) 872-4455
	Tallahassee	David Poole		(850) 488-9766
	Tallahassee	Marlene Lalota, MPH	Bureau of HIV/AIDS	(850) 921-4446
GA	Atlanta	Mark Schrader	Division of Public Health	(404) 657-3100
	Atlanta	Manuel Greene	Epidemiology & Prevention Bureau	(404) 657-3126
	Dunwoody	Elizabeth Harper		(770) 220-0406
GU	Agana	Bernie Provideo		
GU	Agana	Josie O'Mallon	Department of Public Health and Social Services	(671) 735-7142
HI	Honolulu	Peter Whitcar	HI-DOH	(808) 733-9010
	Honolulu	Roy C. Ohye	HI-DOH	(808) 733-9287
IA	Des Moines	John Katz	Lucas State Office Bldg	(515) 242-5838
	Des Moines	Patricia Young	Lucas State Office Bldg	(515) 242-5838
ID	Boise	Cameron Lewis	Bureau of Communicable Disease Prevention	(208) 334-5937
	Boise	Anne Williamson	Idaho STD/AIDS Program	(208) 334-6526
	Lewiston	Tracy Flynn		(208) 799-3100
IL	Chicago	Brandon Armani	c/o New City Health Center	(773) 737-5400
IN	Indianapolis	Michael Wallace, Director	IN DOH	(317) 383-6867
	Indianapolis	Lori Phillips	Indiana State Department of Health	(317) 233-7867
KS	Topeka	Karl Milhon	AIDS Director, Bureau of Disease Control	(913) 296-6036
KY	Frankfort	Tom Collins	Department for Public Health	(502) 564-6539
LA	Madisonville	Ron Turski, AIDS Director		(913) 296-3378
	New Orleans	Maria Ludwick	HIV AIDS Program - LA OPH	(504) 568-7523
	New Orleans	Beth Scalco, BCSW	HIV AIDS Program - LA OPH	(504) 568-7474
MA	Boston	Mindy Mazer, MPH	AIDS Bureau	(617) 624-5352
	E. Walpole	Susan Saraca		(508) 668-2747
MD	Baltimore	Yolanda A. Cavalier		(410) 765-5132
ME	Augusta	Mark Griswold	HIV/STD Program	(207) 287-2899
	Augusta	Michelle Mosher	HIV/STD Program	(207) 287-3747
MI	Detroit	Kris Judd, Program Manager	Mich Dept of Community Health	(313) 256-2079

NHTD Team Captain List

	Lansing	William Gerome Peebles	Division of HIV/AIDS/STD	(517) 335-8441
MN	Minneapolis	Jill DeBoer	Minnesota Department of Health	(612) 676-5143
	Minneapolis	Roy Denson	AIDS/STD Prevention Services	(612) 623-5760
	Minneapolis	Elaine Collison (media)	AIDS/STD Prevention Services	(612) 623-5698
MO	Jefferson City	Elisa Daues	Missouri Department of Health	(573) 751-6144
	Jefferson City	Mary Hayes	Missouri Department of Health	(573) 751-6141
MS	Jackson	Craig W. Thompson	MS DOH	(601) 960-7711
MT	Helena	Kay Robertson, RN	Lewis & Clark City-County Health Dept.	(406) 443-2584
	Helena	Sally Klein, RN, MBA	STD/HIV Section, DoPH&HS	(406) 444-9028
NC	Raleigh	Evelyn Foust, CPM, MPH	HIV/STD Prevention and Care	(919) 733-7301
ND	Bismark	Pam Vukelt	ND DOH, Division of Disease Control	(701) 328-2378
	Bismark	Ruth Vogel	ND DOH, Division of Disease Control	(701) 328-3322
NE	Lincoln	Steve Jackson	Nebraska Dept of Health	(402) 471-2504
	Lincoln	Sandra Klocke	HIV/AIDS Prevention/Planning	(402) 471-0193
NH	Concord	David Ayotte	Division of Public Health Services	(603) 271-4576
NJ	Trenton	Laurence E. Ganges	Division of AIDS Prevention & Control	(609) 984-6125
	Trenton	Steve Saunders	Division of AIDS Prevention & Control	(609) 984-6050
	Vineland	Douglas L. Riggins,	M.L. King Academy	(609) 692-6012
NM	Santa Fe	Don Torres, Chief	NM DOH	(505) 476-8451
NV	Carson City	Ken Adams, MPH	HIV/AIDS Program Office	(702) 687-4800
NY	New York	Cynthia R. Edwards	NYS DOH AIDS Institute	(212) 613-4987
OH	Cleveland	Roslyn Bucy Miller	Federation for Community Planning	(216) 781-2944
	Columbus	Lee Evans	OH DOH - HIV/STD Prevention	(614) 644-1850
	Columbus	Sherri Smith	ESCAPE	(614) 237-1443
OK	Oklahoma City	Joanie McPhetridge	Oklahoma State DoH	(405) 271-4636
	Tulsa	Kristi Frisbie	HOPE	(918) 834-8378
OR	Portland	Mark O. Loveless, MD	HIV/STD/TB Program	(503) 731-4029
PA	Harrisburg	Janice Kopelman, MSW, LSW	Pennsylvania Health Dept.	(717) 783-0479
	Harrisburg	Joseph Pease, MPH	Division of HIV/AIDS	(717) 783-0572
PR	San Juan	Francisco Javier Parga	Puerto Rico Department of Health	(787) 274-5601
	San Juan	Margarita Pagan-Medina	Puerto Rico Department of Health	(787) 274-5566
	San Juan	Mayra S. Locen	STD/HIV Prevention	(787) 274-3366
	San Juan	Dr. Orlando Lopez	Executive Director, P.A.S.E.T.	(787) 274-5502
RI	Providence	Paul Loberti	Rhode Island Dept. of Health	(401) 222-2320
	Providence	Carol Browning	RI DOH	(401) 222-2320
	Providence	Philip Kane	AIDS Project Rhode Island	(401) 831-5522
SC	Columbia	Lynda Kettinger, MPH	Health and Environmental Control	(803) 898-0749
SD	Pierre	LaJean Volmer, Administrator	Office of Disease Prevention/SD DOH	(605) 773-3737
TN	Memphis	Delois Bolden	MSCHD	(901) 576-7701
	Nashville	Victoria Moody	Cordell Hull Bldg, 4th Flr C.E.D.S.S.	(615) 532-2691
TX	Austin	Greg Beets	TX DOH	(512) 490-2535
	Waco	Julie Arabi	Waco HIV/AIDS Services	(254) 750-5499
UT	Salt Lake City	Randy Den	Utah Department of Health	(801) 538-6096
VA	Richmond	Casey Riley	Virginia Dept. of Health	(804) 786-6267
VI	St. Thomas	Stan Phillips, Director	Virgin Islands DOH	(809) 774-3168
VT	Burlington	Craig Stevens	Vermont Department of Health	(802) 651-1532
WA	Olympia	Amy McAfrety/John Peppert	WA DOH	(360) 236-3486
	Olympia	Raleigh Watts	HIV Client Services/Washington State DoH	(360) 236-3477
WI	Madison	James M. Vergeront, MD	AIDS/HIV Program Division of Health	(608) 267-5287
	Madison	Kathleen Krishnavak	Division of Health	(608) 267-5287
WV	Charleston	Loretta Haddy	West Virginia Dept. of Health	(304) 558-5358
WY	Cheyenne	Terrance Foley	WY Dept of Health/HIV/AIDS Prevention Program	(307) 777-5932

TAKE THE TEST

NATIONAL HIV TESTING DAY
J U N E 2 7

Take Control

A Project of



TIPS FOR PROMOTING/IMPLEMENTING NATIONAL HIV TESTING DAY IN YOUR LOCAL COMMUNITY

We strongly encourage you to participate in the promotion and implementation of *National HIV Testing Day* June 27. The materials included in this Campaign Kit are designed to help you develop your participation in ways that best serve your local community.

Major Sponsors:

Bristol-Myers Squibb
Immunology

Cable Positive, Inc.

U.S. Centers for Disease
Control and Prevention

U.S. Health Resources and
Services Administration

National Alliance of State
and Territorial AIDS
Directors

Whitman-Walker Clinic

In Partnership with:

Abbott Laboratories

Agouron Pharmaceuticals

Calypatebiomedical
Corporation

Epitope, Inc.

Gilead Sciences

HIV Talk Radio
Project, Inc.

Planned Parenthood
Federation of America

SmithKline Beecham
Consumer Healthcare

- **Localize the enclosed posters.** There is space in the bottom-right corner of each poster to include local information.

Note: If you offer HIV counseling and testing, write-in information regarding your organization's services, name, phone number, and address. If you do not offer HIV counseling and testing, write-in the name of an organization you wish to promote. Write-in the phone number for your states's or city's local HIV/AIDS hotline.

Example: *Free HIV Test Monday - Saturday
9:00 - 9:00 p.m.
Call for Appointment: 222.222.2222
Whitman Walker Clinic
222 2nd Street, NW
Washington, DC 20006*

- **Place the posters in areas where populations at risk congregate.**

Note: Visibility of materials is important, place in an area that has lighting.

Example: *Local bar/club, arcades, laundry mat,
community center, drug rehabilitation center,
beauty salons, university student centers*

Use the enclosed camera-ready art slicks to place ads in your local publications and newsletters.

Note: Like the posters, you should localize the material.

Example: *The slicks can be used to make flyers.*

Collaborate with other organizations which may have increased or additional access to populations you want to reach.

Note: Collaboration and networking is an essential tool for effective outreach activities. Know who your partners are in the fight against AIDS.

Example: *Churches, social clubs, support groups.*

Research upcoming events that your organization can participate in prior to NHTD on June 27.

Note: Use the opportunity to promote your services and National HIV Testing Day.

Example: *June 25 — Day of Compassion
 June XX — Graduation Day/Parties
 June XX — Beginning of Summer Vacation*

Use sample media advisory and public service announcements to promote National HIV Testing Day and your participation.

Note: Target local media that best reaches populations for whom you want to encourage counseling and testing services.

Example: *Radio, TV and print outlets whose audience/readership consists of youth, women, IVDUs, and communities of color.*

Know your target audience. Work with representatives of the communities you are targeting.

Note: Draw from community leaders, program volunteers or others to build your promotional activities.

Example: *City/State Representatives, clergy, teacher/volunteer of the year.*

Be conscious of your target audience's needs.

Note: Offer evening hours so people can come after work. Open on Saturday, June 26 or Sunday, June 27.

Example: *Consider having volunteers to serve as testing buddies to answer questions about the counseling and testing process, or to provide individual support during the waiting period for results — this is a very popular service for testing programs serving youth.*

TAKE THE TEST

NATIONAL HIV
TESTING DAY
J U N E 27

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SAMPLE MEDIA ADVISORY



A media alert or media advisory is a brief (usually one-page) notice that alerts the media of an upcoming event. It tells what, when, who and why and provides the name and phone number of a contact person at your agency.

Media advisories are usually faxed two days before an event. Check with individual outlets to see if faxing is appropriate.

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Immunology

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U.S. Health Resources and
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National Alliance of State
and Territorial AIDS
Directors

Whitman-Walker Clinic

Always be sure to send your media alerts to wire services and ask them to list your event on their "daybooks." "Daybooks" are calendars of upcoming news events which are kept by wire services, such as AP, UPI, and Reuters. Remember some wire services distribute a list of the coming week's events on Friday afternoon.

The following is an example which should be released on your organization's letterhead.

For Immediate Release
Wednesday, June 23, 1999

Contact: XXX XXX
Tel: XXX.XXX.XXXX

In Partnership with:

Abbott Laboratories

Agouron Pharmaceuticals

Calypatebiomedical
Corporation

Epitope, Inc.

Gilead Science

HIV Talk Radio
Project, Inc.

Planned Parenthood
Federation of America

SmithKline Beecham
Consumer Healthcare

MEDIA ADVISORY

* * * * *

WHAT: (Your Agency) announces that it is expanding supporting National HIV Testing Day Campaign and is offering expanded hours to accommodate persons who want to get tested for HIV infection.

WHERE: (include location, street address and suite or floor number)

WHEN: (include date, day and time of event)

Contact: For more information, contact (name, organization title and telephone number)

SAMPLE RADIO PUBLIC SERVICE ANNOUNCEMENTS

Radio public service announcements (PSAs) are an excellent and easy way to promote your organization and National HIV Testing Day. A radio PSA should sound like a cross between a news story and commercial message. The PSA should be brief, interesting and conversational.

For best results send your radio PSA script with a short cover letter to your local radio stations at least one week prior to the start date. The cover letter should make the case for the timeliness or worth of the message - highlight local HIV/AIDS statistics (ex. Newark has the highest infection rate among women 18-44 years-old of any city in the nation.) You should choose stations whose demographics best matches your target audience.

The following is a sample radio PSA script which should be released on you organization's's letterhead.

SAMPLE PUBLIC SERVICE ANNOUNCEMENT

Contact: XXX XXXX
Telephone: XXX.XXX.XXXX

Start: June 15, 1999
Stop: June 28, 1999

Subject: Voluntary HIV Counseling and Testing

20 seconds: Did you know that June 27th is National HIV Testing Day? If you have ever had unprotected sex or shared needles, then you should consider getting an anonymous or confidential HIV test. For more information contact (your organization or local/state hotline at (telephone number.)

30 seconds: June 27th is National HIV Testing Day. If you have had unprotected sex or shared needles, you should consider being tested for HIV. (Organization) offers free HIV counseling and testing. The service is anonymous. To schedule an appointment or learn more information about HIV counseling and testing, contact (organization) at (telephone number.) Take the Test, Take Control.



POST-EVENT EVALUATION

Please complete the following post-event evaluation by August 27 (*see last page for information on where to mail/fax*). The information about your service provision for the *week prior*, the *week during*, and the *week post-NHTD* will greatly help to determine the impact of this Campaign on HIV counseling and testing in your area. This information is critical for improving counseling and testing services across the United States.

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____ E-mail: _____

PROVIDER INFORMATION

❖ **My organization is (please check one):**

- | | |
|---|---|
| ☐ State Health Department | ☐ AIDS Service Organization |
| ☐ County/Local Health Department | ☐ Community-Based Organization |
| ☐ Counseling and Testing Site (only) | ☐ Private Medical |
| ☐ Planned Parenthood Clinic | |
| ☐ Other (please describe) _____ | |

❖ **My organization *primarily* serves (please check no more than *two* of the following):**

- | | |
|--|--|
| ☐ children | ☐ substance users (including alcohol, IVDU, etc.) |
| ☐ gay/lesbian/bisexual/transgenders | ☐ teens/adolescents |
| ☐ homeless | ☐ women |
| ☐ immigrants/refugees | ☐ young gay men |
| ☐ incarcerated | |
| ☐ migrants (including seasonal) | |
| ☐ Other (please describe) _____ | |

❖ **My organizations receives funding from the following sources(check *all* that apply):**

- | | |
|---|--|
| ☐ State | ☐ Ryan White Care Act (specify Title) _____ |
| ☐ County/City | ☐ Other HRSA Programs |
| ☐ CDC | ☐ Medicaid/Medicare |
| ☐ Foundations | |
| ☐ Other (please specify) _____ | |

PROVIDER INFORMATION (CONTINUED)

- ❖ Do you operate a hotline? ☐ Yes ☐ No
- ❖ Do you provide counseling and testing services? ☐ Yes ☐ No
- If "Yes," what type of testing devices do you utilize?
- ☐ Confide ☐ OraSure ☐ Blood draw ☐ Other _____
- ❖ Do you provide medical services for clients who test positive for HIV? ... ☐ Yes ☐ No
- ❖ Do you provide referral services for clients who test positive for HIV? ... ☐ Yes ☐ No
- ❖ Do you provide referral services for clients who test negative for HIV? ... ☐ Yes ☐ No
- ❖ Do you provide prevention services for clients who test negative for HIV? ☐ Yes ☐ No

National HIV Testing Day CAMPAIGN-SPECIFIC INFORMATION

	60 Days Prior to Campaign (4/19 to 5/19)	Week of June 20th	Week of June 27th	Week of July 4th	30 Days Post- Campaign (7/11 to 8/11)
Total # of HIV Tests					
Total # of Calls					
Total # of First-Time Testers					
Total # Who Returned for Test Results					
Total # of Seropositive Results					

- ❖ Please provide a *brief* description of your National HIV Testing Day-related activities
(attach any advertisement, press clippings and event materials)

❖ To help promote National HIV Testing Day, my organization (check *all* that apply):

- | | |
|--|---|
| ☐ Conducted community outreach | ☐ Distributed a PSA script to local radio stations |
| ☐ Placed advertisements | ☐ Distributed a press release/media alert |
| ☐ Worked with other organizations to promote testing and counseling | ☐ Other (specify) _____ |

❖ National HIV Testing Day information/materials disseminated (check *all* that apply):

- | | |
|---|--|
| ☐ Posters | ☐ Press Release |
| ☐ Camera ready flyer/advertisement | ☐ News Print: article/ad. |
| ☐ Media Advisory | ☐ Radio: PSA |

❖ Which of these did you find the most useful? (check *only two*):

- | | |
|---|--|
| ☐ Posters | ☐ Press Release |
| ☐ Camera ready flyer/advertisement | ☐ News Print: article/ad. |
| ☐ Media Advisory | ☐ Radio: PSA |

❖ **Where were print-related materials posted? (Check *all* that apply):**

- | | | |
|--|---|--|
| ☐ Bars | ☐ Clinics | ☐ Physicians offices |
| ☐ Beauty salons | ☐ Commercial areas | ☐ Residential neighborhoods |
| ☐ Bus stops | ☐ House of prayer | ☐ Restaurants |
| ☐ Schools (grammar, Jr. High, High school, College) | | |
| ☐ Other (specify) _____ | | |

CONSUMER/CLIENT DEMOGRAPHICS

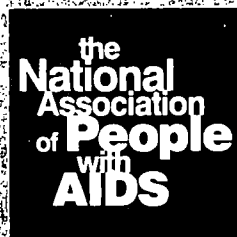
How many of your clients were?		
Race/Ethnicity	Approximate Numbers	
	Male	Female
White, non-Hispanic		
Black, non-Hispanic		
Hispanic		
Asian/Pacific Islander		
American Indian/Alaska Native		
Other		

How many of your clients were?			
Age	Approximate Numbers	Age	Approximate Numbers
under 12		40-44	
13-19		45-49	
20-24		50-54	
25-29		55-59	
30-34		60-64	
35-39		65 or older	

❖ **What motivated clients to get tested for HIV? (Check the *two* that clients said most often):**

- | | |
|---|--|
| ☐ Experiencing symptoms | ☐ Read an HIV Testing Day news article |
| ☐ Had been thinking about it for a while | ☐ Saw a TV commercial (OraSure, etc.) |
| ☐ Heard an HIV Testing Day radio PSA | ☐ Saw/Read HIV Testing Day Poster/flyer |
| ☐ Notified by Health Dept. about possible risk | ☐ Saw an NHTD-related TV news story |
| ☐ Partner is positive (sero-discordant) | ☐ Other (specify) _____ |

THANK YOU! Please return this Post-Evaluation Form by **August 27th** to: **NAPWA, Attn: Tony Farmer, 1413 K Street, NW, 7th Floor, Washington, D.C. 20005-3442; or fax at (202) 898-0435.**



**1413 K Street NW
Washington DC 20005-3442**

(202) 898-0414

Fax: (202) 898-0435

Email: napwa@napwa.org

www.napwa.org

**PHOTOCOPY
PRESERVATION**

TAKE THE TEST

WASH *Take Control*

NATIONAL HIV
TESTING DAY

J U N E 2 7

A PROJECT OF

the
National
Association
of
**People
with
AIDS**

CAMPAIGN KIT

PHOTOCOPY
PRESERVATION

WHAT ARE YOU WAITING FOR?

GET TESTED FOR HIV!



A PROJECT OF



TAKE THE TEST ► TAKE CONTROL

For more information about voluntary, anonymous and confidential testing contact:

NAPWA 1-202-898-0414 ► NATIONAL AIDS HOTLINE 1-800-342-AIDS (ENGLISH), 1-800-344-SIDA (ESPAÑOL), 1-800-243-7889 (TTY)

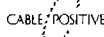
LOCAL INFORMATION HERE:

IN PARTNERSHIP WITH

ABBOTT LABORATORIES
AGOURON PHARMACEUTICALS
CALYPTHEBIOMEDICAL CORPORATION
EPITOPE, INC.
GILEAD SCIENCES, INC.
HIV TALK RADIO PROJECT, INC.
PLANNED PARENTHOOD FEDERATION OF AMERICA
SMITHKLINE BEECHAM CONSUMER HEALTHCARE

MAJOR SPONSORS

CDC



NASTAD



WHITMAN-WALKER CLINIC

NATIONAL HIV
TESTING DAY
J U N E 2 7

STAY TOGETHER FOR EVER!

GET TESTED FOR HIV!



A PROJECT OF



NAPWA 1-202-898-0414

TAKE THE TEST TAKE CONTROL

For more information about voluntary, anonymous and confidential testing contact:

NATIONAL AIDS HOTLINE 1-800-342-AIDS (English), 1-800-344-SIDA (Español), 1-800-243-7889 (TTY)

LOCAL INFORMATION HERE:

IN PARTNERSHIP WITH

ABBOTT LABORATORIES
AGOURON PHARMACEUTICALS
CALYPTBIOMEDICAL CORPORATION
EPI TOPE, INC.
GILEAD SCIENCES, INC.
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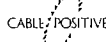
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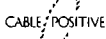
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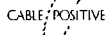
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Take Control

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May 1, 1999

Dear Friend and Partner in the Fight to End HIV:

The Centers for Disease Control and Prevention estimates that there are over 200,000 Americans living with HIV who do not know their HIV status. Without medical care, treatment and support these individuals are at increased risk for an early death and of passing the virus to others.

Major Sponsors

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Immunology

Cable Positive, Inc.

U.S. Centers for Disease
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U.S. Health Resources and
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To combat this situation, the National Association of People with AIDS (NAPWA) will sponsor its 5th National HIV Testing Day Campaign in June 1999. As you may know, NAPWA began the HIV Testing Day Campaign as part of its ongoing efforts to improve the health of people living with HIV through participation in voluntary HIV antibody counseling and testing programs. Our lead partners in the effort, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the National Alliance of State and Territorial AIDS Directors (NASTAD), Cable Positive, Bristol-Myers Squibb Immunology, Epitope, Inc., Abbott Laboratories, Agouron Pharmaceuticals, Planned Parenthood Federation of America, and Whitman Walker Clinic, have provided major financial support for this project. NAPWA is greatly committed to this campaign and hopes to have your support in promoting HIV testing Day.

NAPWA believes that participation in HIV antibody counseling and testing is a major step in one's decision to take control and responsibility over one's health. The National HIV Testing Day Campaign brings the "Take the Test, Take Control" message to a diverse group of people and communities nationwide. By spelling out the risk factors for HIV infection in clear, non-coercive and culturally relevant ways, people who were reluctant to be tested are encouraged to do so because they trust the messenger, and the message.

The medical and social research advances of the past decade have enhanced our HIV prevention and treatment efforts. Certainly, the most significant research advance has been the development of highly potent antiretrovirals that when used in combination have successfully contributed to the decreased number of AIDS deaths. The efficacy of the new drugs combined with growing scientific opinion that early diagnosis and treatment of HIV disease has heightened the role of testing and counseling programs. The advent of a urine HIV antibody test device, an oral HIV antibody test, the home testing collection HIV test products, and rapid HIV antibody test devices have increased potential methods and access points for HIV testing.

NAPWA stresses the equal importance of pre-test and post-test counseling in conjunction with any form of testing. The earlier a person is diagnosed and begins to monitor her or his health, the greater the chance of remaining healthy. HIV counseling and testing is an excellent opportunity for the professional to establish direct dialogues with individuals who are engaging at high-risk activities. Uninfected

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and infected individuals should both receive information to assist them in maintaining behavior changes or modifying behavior to prevent new infections.

Receiving a positive diagnosis for HIV can be a devastating discovery. The many medical, social and psychological components of HIV disease are often difficult to grasp when first diagnosed. However, HIV testing when coupled with clear, comprehensive education, privacy and early health monitoring, offers people living with HIV a real opportunity to take control of personal circumstances, and to live long and healthy lives.

OUTLINE OF THE CAMPAIGN

The principal purpose of the campaign is to educate the public about HIV counseling and testing and to encourage actual counseling and testing for those at risk for infection, specifically African-American and Latino communities. This year the campaign also focuses on sexually active women, adolescents, and young gay and bisexual men, at-risk populations that continue to see extremely high rates of HIV infection. The testing materials are available in both English and Spanish.

NAPWA will utilize its successful grassroots poster campaign, news media alerts, television and radio public service announcements, print advertisements and HIV/AIDS fact sheets to promote the campaign. We will continue to draw national media attention to this issue, to collaborate and encourage local participation in the major state/urban areas with high prevalence rates.

HOW YOU CAN HELP

If your organization or clinic offers HIV counseling and testing, use June 27, National HIV Testing Day, as an opportunity to promote your services and the importance of voluntary HIV counseling and testing to your community.

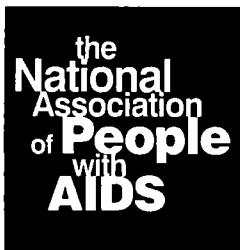
Since June 27, National HIV Testing Day is on a Sunday this year, take this great opportunity to get your local faith community involved in HIV/AIDS efforts in your area. If you do not offer HIV counseling and testing, use June 27, National HIV Testing Day, as an opportunity to educate and inform those you serve on where and how they can access counseling and testing.

The information contained in the enclosed campaign kit will facilitate your participation in National HIV Testing Day and localize the campaign to better serve your individual community. We have identified "captains" in the fifty states, local areas and territories (a list is enclosed) that are available to assist or answer any questions you may have. Organizations may also contact Tony Farmer, NAPWA's Director of Education, at 202.898.0414.

Thank you for joining and supporting NAPWA in this project. Your participation makes a difference.

Until there's a cure,

A. Cornelius Baker
Executive Director



Fact Sheet

Men Who Have Sex with Men (MSM) and HIV/AIDS

Men who have sex with men (MSM) are the single highest-risk population group for HIV infection in the United States. MSM account for 49 % of all adult/adolescent AIDS cases reported through June 1998. Of the reported HIV cases among young men, young MSM represent nearly 75 % of the cases. In 1997, adult/adolescent males (over the age of 13) accounted for 68% of new HIV infections. Of all male AIDS cases reported, 58% were MSM. Even more alarming are the number of cases among MSM of color. Of the total reported AIDS cases:

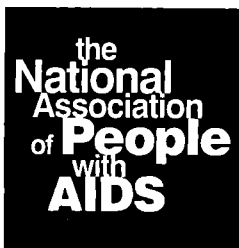
- African-American MSM accounted for 38% of AIDS cases among African-American males.
- Latino MSM accounted for 45% of AIDS cases among Latinos.
- Among American Indian/Alaska Native men, MSM accounted for 58% of AIDS cases.
- Asian/Pacific Islander MSM accounted for 74% of AIDS cases among Asian/Pacific Islander men.
- Among White, not Latino men, MSM represented 75% of reported AIDS cases.

Recent studies have indicated that many young gay and bisexual men are engaging in unprotected anal intercourse with men. There have been reports of increases in anal gonorrhea among young gay men in some areas. Also, an estimated three out of four HIV infections among young men occur in young MSM. The category of men who have sex with men is reported as the means of HIV infection in 45% of HIV cases reported through June 1998. The total number increases to 51% when you combine MSM with the category of men who have sex with men and inject drugs.

Despite the increase in HIV prevention and outreach targeting MSM, the numbers of new cases of HIV infection still remains significant. Factors that contribute to the steady and, in some populations, increases rates of infection of MSM, include: homophobia, perceptions that HIV infections are among older MSM, alcohol and drug use and cultural and community influences. There is a need to increase community-based outreach and culturally sensitive educational efforts to men who have sex with men. The message should include understanding the importance of and benefitting from knowing their HIV status, and to encourage volunteer HIV testing.

Updated April 1999
Source: CDC, HIV/AIDS Surveillance Report, 1998: 10(No.1).

“Take the Test, Take Control”



Boletín Informativo

Hombres que tienen sexo con hombres (MSM, por su siglas en Inglés) y VIH/SIDA

Hombres que tienen sexo con hombres (MSM, por su siglas en Inglés) son el principal grupo de altos riesgos de infección de VIH en los Estados Unidos. MSM cuenta por el 49% de todos los casos de SIDA de adultos/adolescentes reportados hasta Junio 1998. De los casos reportados de VIH entre hombres jóvenes, jóvenes MSM representan cerca de 75% de casos. En 1997, hombres adultos/adolescentes (más de 13 años) fueron el 68% de las nuevas infecciones de VIH. 58% fueron (MSM). Son más alarmantes la cantidad de casos entre MSM de color. De el total de casos reportados de SIDA:

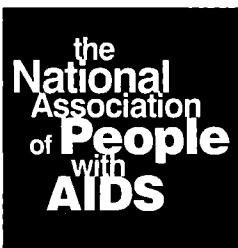
- Afro-americanos MSM cuentan por el 38% de casos de SIDA entre hombres afro-americanos.
- Latino MSM cuentan por el 45% de casos de SIDA entre latinos.
- Entre hombres Indio-americanos/Nativos de Alaska, MSM cuentan por el 58% de casos de SIDA.
- Asiáticos/de las Islas del Pacífico MSM cuentan por el 74% de casos de SIDA entre hombres asiáticos/de las Islas del Pacífico.
- Entre Anglosajones, no latinos, MSM representaron 75% de casos reportados de SIDA

Estudios recientes han indicado que muchos hombres jóvenes gay y bisexuales tienen contacto sexual anal con hombres sin protección. Los informes evidencian el aumento de los casos de gonorrea anal entre jóvenes gay en algunas áreas. Un promedio 3 de 4 infecciones de VIH entre hombres jóvenes ocurren en jóvenes MSM. Hombres que tienen sexo con hombres esta reportado como la categoría de infección de VIH en 45% de los casos de VIH reportados hasta Junio 1998. La cantidad aumenta a 51% cuando se combinan la categoría de hombres que tienen sexo con hombres y que son usuarios de drogas intravenosas.

A pesar del aumento de educación y prevención del VIH dirigiéndose a MSM, la cantidad de nuevos casos de infección de SIDA todavía es significativa. Los factores que contribuyen a las proporciones de infección en MSM, aumentándolas en ciertas poblaciones incluyen: homofobia, percepciones de que la infección de VIH existe sólo entre MSM de edad adulta, entre usuarios de alcohol y drogas así como la influencia de la comunidad y la cultura. Hay necesidad de aumentar la educación dirigida a la comunidad y los esfuerzos educativos culturalmente sensitivos a hombres que tienen sexo con hombres. El mensaje debe incluir el entendimiento de y el beneficio de saber su estatus de VIH y el incentivo para la prueba voluntaria del VIH.

Información de: CDC, HIV/AIDS Surveillance Report, 1998: 10(No. 1)

“Hazte La Prueba, Toma Control”



Fact Sheet

African-Americans and HIV/AIDS

The impact of the AIDS epidemic on African-Americans continues to grow disproportionately. Currently, African-Americans represent 12 % of population in the United States. In 1982, 23 % of initial cases were among African-Americans. As reported through June 1998:

- African-Americans accounted for 36 % of total AIDS cases, and 43 percent of new AIDS cases.
- Among men, African-Americans represented 33 % of total reported AIDS cases.
- Among women, African-Americans represented 56 % of total reported AIDS cases.

The numbers are more alarming for HIV infections as reported from the 31 states with confidential HIV infection reporting. Through June 1998, African-Americans accounted for 53 % of total reported HIV cases.

- African-American men accounted for 65 % of the HIV cases among African-Americans, and 47 % of HIV cases among all men.
- Of the total cases of HIV infection among women, African-American women accounted for 68%.
- An estimated 35 % of AIDS cases among young people, ages 13-24, were African- American.
- AIDS related illnesses are the leading causes of death of men and women between the ages of 25 and 44.

For African-American men, having sex with men continues to be the most reported means of being infected with HIV. Heterosexual contact is the most common mode of transmission among African-American women. Injection drug use is very significant in transmitting HIV among African-American men and women.

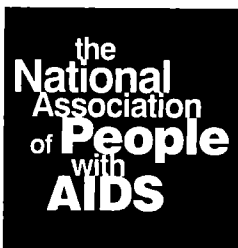
Prevention, education and outreach efforts need to continue and increase within the African-American community. Included in these efforts should be messages that stress the importance and benefits of knowing your HIV status.

Updated April 1999

Source: CDC, HIV/AIDS Surveillance Report, 1998: 10(No. 1)

Kaiser Family Foundation, National Survey on African-Americans on HIV/AIDS, 1998

“Take the Test, Take Control”



Boletín Informativo

Afro-americanos y VIH/SIDA

El impacto de la epidemia del SIDA en afro-americanos continua creciendo desproporcionalmente. Al momento, los afro-americanos representan el 12 por ciento de la población en los Estados Unidos. En 1982, el 23 por ciento de los primeros casos fueron entre afro-americanos. Las estadísticas a Junio de 1998:

- Afro-americanos son el 36 por ciento del total de casos de SIDA y el 43 por ciento de nuevos casos de SIDA.
- Entre hombres, los afro-americanos representan el 33 por ciento del total de casos de SIDA reportados.
- Entre mujeres, las afro-americanas representan el 56 por ciento del total de casos de SIDA.

Las estadísticas de infecciones del VIH son más alarmantes de acuerdo a los informes de los 31 estados con reportes de infección de VIH confidencial, los afro-americanos representaron el 53 por ciento de los casos de VIH.

- Hombres afro-americanos representan 65 por ciento de los casos de VIH entre la población afro-americana y el 47 por ciento de casos de VIH entre hombres.
- Del total de casos de infección del VIH entre mujeres, las mujeres afro-americanas representan el 68 por ciento.
- Aproximadamente el 35 por ciento de casos de SIDA entre jóvenes, edad 13-24, fueron afro-americanos.

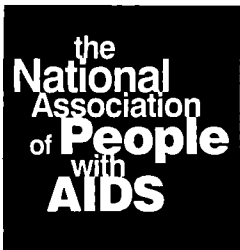
Para hombres afro-americanos, la categoría de hombres que tienen sexo con otros hombres continua siendo la mayor causa de infección con VIH. El contacto heterosexual es la forma de transmisión más común entre mujeres afro-americanas. El uso de drogas inyectadas es muy significativa en la transmisión de VIH entre hombres y mujeres afro-americanos.

VIH y SIDA continua afectando e impactando esta comunidad más que a cualquier otra población en los Estados Unidos. Las muertes asociadas con complicaciones de SIDA han disminuido en años recientes. Sin embargo, esos resultados fueron significativamente bajos en la comunidad afro-americana. En esta comunidad, enfermedades relacionadas con SIDA son las principales causas de muerte de hombres y mujeres entre las edades 25 y 44.

Es esencial que los esfuerzos para prevenir y educar continuen y aumenten entre la comunidad afro-americana. Los esfuerzos deben incluir mensajes que hagan énfasis en la importancia y el beneficio de saber su estatus del VIH.

Información de: CDC, HIV/AIDS Surveillance Report, 1998: 10(No. 1). Kaiser Family Foundation, National Survey of African Americans on HIV/AIDS, 1998.

“Hazte La Prueba, Toma Control”



Fact Sheet

Latinos and HIV/AIDS

Latinos are one of the fastest growing ethnic minorities in the United States, representing a variety of ethnic, socioeconomical and cultural backgrounds. At nearly 30 million people, Latinos represent approximately 11% of the total population. However, they account for nearly 20% of new AIDS cases reported through June of 1998. The Latino community is disproportionately affected and impacted by the AIDS epidemic.

- Latinos represent 17% of all AIDS cases reported among men.
- Latinas (Latino women) account for 20% of total reported AIDS cases among women.
- For Latino men, the current AIDS case rate is nearly three times that of non-Hispanic white men.
- From 1986 to 1996, the number of Latinas infected heterosexually increased from 30% to 60%.

In 1996, of the HIV tests performed in publicly funded HIV counseling and testing sites, Latinos represented 15% of the tests. However, over 20% of the total positive tests results were Latinos.

For Latino men, the most common method of getting infected is having sex with other men, followed by injection drug use. Injection drug use and heterosexual contact with men are the major way Latinas become infected.

Through 1997, HIV infection was the fourth leading cause of death for Latinos, while the eighth leading cause of death for the overall population. Although the deaths associated with HIV disease have declined in recent years, the numbers of new HIV infection cases remain level or are increasing among specific populations including the Latino community.

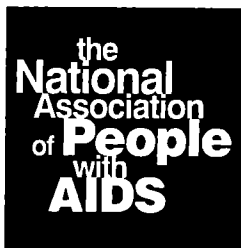
Therefore, the need for increased educational and outreach efforts that are culturally sensitive and appropriate to the Latino community is imperative. The efforts should include the benefits of knowing their HIV status.

Updated: April 1999

Source: CDC, HIV/AIDS Surveillance Report, 1998: 10(No.1).

Kaiser Family Foundation, National Survey of Latinos on HIV/AIDS, Spring 1998.

“Take the Test, Take Control”



Boletín Informativo

Latinos y VIH/AIDS

Los latinos son una de las minorías étnicas que crecen rápidamente en los Estados Unidos, representando variedad socioeconómica y cultural. Al rededor de 30 millones de personas, los latinos representan aproximadamente el 11 por ciento del total de la población. Ellos cuentan al rededor de 20 por ciento de nuevos casos del SIDA reportados junio, 1998. La comunidad latina esta desproporcionadamente afectada e impactada por la epidemia del SIDA.

- Los latinos representan el 17 por ciento de todos los casos del SIDA reportados entre hombres..
- Las latinas cuentan por el 20 por ciento de todos los casos del SIDA reportados entre hombres.
- Para los hombres Latinos, la proporción de casos del SIDA en el momento es casi el triple de los hombres que no son latinos.
- De 1986 a 1996, el número de Latinas infectadas heterosexualmente aumenta del 30 por ciento al 60 por ciento.

En 1996, de las pruebas de VIH administradas en centros y lugares de servicios de VIH, los latinos representan el 15 por ciento de los exámenes. Por lo tanto, el 20 por ciento del total de pruebas positivas resultaron ser latinos.

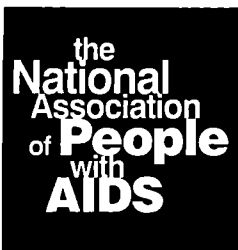
Para los latinos, el metodo más común de infectarse es por medio del sexo con hombres, siguiendo el uso de drogas intravenosas.. El uso de drogas intravenosas y el contacto heterosexual con hombres son las causas principales de infección entre las latinas.

Hasta 1997, la infección del VIH fue la cuarta causa principal de muerte para los latinos y la octava causa principal de muerte para toda la población. Aunque las muertes asociadas con la enfermedad del SIDA han disminuido en los años recientes, los números de nuevos casos de infección del VIH siguen iguales o están aumentando entre poblaciones específicas incluyendo a la comunidad latina.

Por lo tanto, la necesidad de aumentar los esfuerzos de educar y prevenir, siendo culturalmente sensitivos y apropiados, a la comunidad latina son esenciales. Los esfuerzos deben incluir los beneficios de saber su estatus de VIH.

Información de: CDC, HIV/AIDS Surveillance Report, 1998: 10(No.1)

“Hazte La Prueba, Toma Control”



Fact Sheet

Young People and HIV/AIDS

In the United States, young adults and teenagers account for an increasing number of HIV infections every year. This population group is now infected with and impacted by HIV more than most other groups. Every hour, two Americans under the age of 20 become infected with HIV.

- In 1997, estimated 50% of reported new cases of HIV infections in the United States occurred in people between 15 and 24 years of age.
- About 25% of all people living with HIV became infected with HIV when they were teenagers.

Through June of 1998, nearly 27,000 cases of AIDS were reported in people between the ages of 13 and 24 in the United States. Moreover, people with AIDS before the age of 30 were infected with HIV in their teens and early twenties. AIDS-related illnesses rank sixth of the causes of death among people between the ages of 15 and 24.

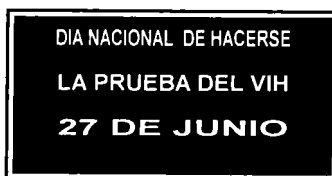
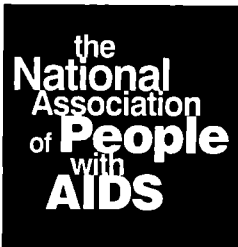
The HIV/AIDS pandemic continues to disproportionately affect specific populations of teenagers and adolescents. These specific groups, especially at risk for becoming infected, include young men who have sex with men (MSM), African-American and Latino teenagers and young adults, and women between the ages of 15 and 24.

- Young MSM account for estimated three out of four HIV infections among young men.
- African-American and Latino women over the age of 13 comprise 80% of reported AIDS cases among women in the United States.
- HIV/AIDS is the leading cause of death for African-Americans between the ages of 25 and 44 years of age, many whom were infected as teenagers.

The increasing rate of HIV infection among young people also indicates that more emphasis needs to be placed on HIV prevention including abstinence, safer sex methods and other risk reduction behaviors. Also, education and outreach messages, culturally sensitive and populations specific, should address the benefits of knowing your HIV status.

Updated April 1999
Source. CDC, HIV/AIDS Surveillance Report, 1998: 10(No. 1)
Kaiser Family Foundation, National Survey of Latinos on HIV/AIDS, 1998.

“Take the Test, Take Control”



Boletín Informativo

Personas Jovenes y VIH/SIDA

En los Estados Unidos, el número de infecciones del VIH entre los adolescentes aumenta su número cada año. Este grupo demográfico esta ahora infectado e impactado con el VIH más que otros grupos. Cada hora, dos americanos menores de 20 años llegan a ser infectados con VIH.

- En 1997, aproximadamente 50% de nuevos casos del VIH reportados en los Estados Unidos ocurrieron en personas entre 15 y 24 años de edad.
- Cerca del 25% de todas las personas viviendo con el VIH llegan a ser infectadas cuando ellos eran adolescentes.

Cerca de 27,000 casos de SIDA fueron reportados en personas entre las edades de 13 y 24 años en los Estados Unidos hasta junio de 1998. Por lo tanto, personas con SIDA antes de los 30 años de edad fueron infectadas con VIH en su adolescencia. Enfermedades relacionadas con el SIDA son la sexta en las causas de muerte entre personas de 15 a 24 años.

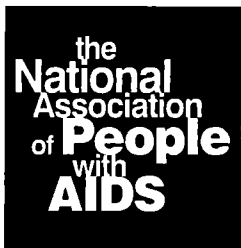
El VIH/SIDA pandemia continua a desproporcionalmente afectar específicamente la población de jóvenes adolescentes. El grupo de hombres jóvenes que tienen sexo con hombres (MSM), afro-americanos y latinos jóvenes y mujeres entre las edades 15 a 24, están especialmente a riesgo de ser infectados.

- Jóvenes (MSM) representan tres de cada cuatro infecciones de SIDA entre hombres jóvenes.
- Las mujeres afro-americanas y latinas mayores de 13 años de edad representan el 80% de casos de SIDA reportados entre mujeres en los Estados Unidos.
- VIH/SIDA es la causa primaria de muerte para Afro-americanos entre las edades de 25 y 44 años, muchos de los cuáles fueron infectados en su adolescencia.

La proporción de la infección del VIH en jóvenes adolescentes aumenta e indica que se necesita poner más énfasis en prevención del VIH incluyendo los métodos de abstinencia, sexo seguro y otras formas de actuar que reduzcan el riesgo. También, Los mensajes educativos, culturalmente sensitivos y dirigidos a la población específica, deben de expresar los beneficios del conocer su estatus en cuanto al VIH.

Información de : CDC, HIV/AIDS Surveillance Report, 1998: 10(No.1)
Kaiser Family Foundation, National Survey of Latinos on HIV/AIDS, 1998.

“Hazte La Prueba, Toma Control”



Fact Sheet

HIV Antibody Testing Options

The Centers for Disease Control and Prevention estimate that between 650,000 and 900,000 Americans are infected with HIV. Over 200,000 Americans do not know they are infected, and may continue to engage in behavior that could jeopardize their health, and the health of others.

Testing Programs

Voluntary counseling and testing programs provide people an opportunity to learn their current HIV status, receive counseling about any behavior changes needed to avoid infection or infecting others, and receive information and referrals to additional prevention programs, medical care or other services.

Confidential HIV testing means you give your name when getting tested. Only medical personnel or state health departments have access to the test results. You must provide written permission before this information can be revealed to others. **Anonymous HIV testing** means that no name is given to the testing center and only you are aware of the results. Anonymous testing is available in 40 states, the District of Columbia and Puerto Rico.

Types of HIV Antibody Tests

There are several HIV antibody tests being used today. All testing options are not available in all areas. Contact your local health department for the tests available in your area.

Standard blood test: This was the first HIV antibody test developed and made available. It is the most widely used. With this test, an initial assay is used (the ELISA), and confirmed using a more specific test (Western Blot).

Home testing kit: This do-it-yourself test kit uses the same technology as the standard blood test. Individual blood samples are collected at home, and mailed to a laboratory. Test results are provided over the telephone. The cost of home testing kits ranges between \$30 and \$45, and are available at many drug stores.

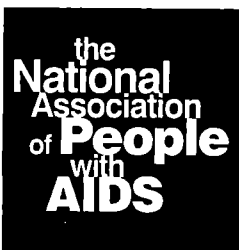
Oral mucosal transudate test: This test, an alternative to the standard blood test, uses a specially treated pad placed in your mouth, between the lower cheek and gum. The pad collects an oral fluid called oral mucosal transudate (OMT). This fluid contains HIV antibodies in an HIV infected person. This test does not test for HIV in saliva.

Rapid HIV antibody tests: Where the standard HIV antibody testing procedure requires up to two weeks for results, the rapid test gives results in 10-30 minutes. The rapid test is a blood test, used as a screening test to detect HIV antibodies.

Urine HIV antibody test: The first urine-based HIV antibody testing system was approved in 1998. This test uses the Western Blot technique to detect HIV antibodies. This test eliminates accidental needle sticks and exposure-related dangers, protecting the patient and healthcare worker.

The tests can detect HIV antibodies in the body as early as two weeks after someone has been infected. Some people can take up to six months before antibodies are detected on the tests. There may be a cost for the HIV antibody test; however, in some cases the test is free. Contact your local health department the National AIDS hotline (1-800-342-2437) for the testing sites and options in your area.

"Take the Test, Take Control"



Boletín Informativo

LAS OPCIONES PARA LA PRUEBA DE LOS ANTICUERPOS DEL VIH

El Centro de Control de la Enfermedad y la Prevención (CDC) estima que entre 650,000 y 900,000 americanos están infectados con VIH. Más de 200,000 americanos no saben que están infectados, y pueden continuar acciones en las cuales pongan en peligro su salud y la de otros.

Los Programas de la Prueba

Consulta voluntaria y los programas de la prueba proveen a las personas la oportunidad de saber cual es su estatus de VIH, recibir consulta acerca de cualquier cambio de acciones necesitada para prevenir infección o infectar a otros y recibir información y referencias a programas de prevención, ayuda médica u otro programa.

La Prueba del VIH Confidencial significa que das tu nombre cuando te haces la prueba. Solo el personal médico y el Departamento del Estado de la Salud tienen acceso a los resultados de la prueba. Tu debes de proveer un permiso en escrito antes de que esta información pueda ser enseñada a otros. **La prueba del VIH anónima** significa que no hay que dar el nombre a el centro donde se hace la prueba y solo tu estas al tanto de los resultados. La prueba anónima está disponible en 40 estados, el Distrito de Colombia y Puerto Rico, desde Mayo de 1998.

Tipos de Pruebas de Anticuerpos de VIH

Hay varios tipos de pruebas de anticuerpos del VIH en uso ahora. Todas las opciones de pruebas no están disponibles en todas las areas. Contacte a su departamento de salud local para saber que pruebas están disponibles en su area.

La Prueba de Sangre Típica: Este fue la primer prueba de anticuerpos desarrollada y disponible. Es el más usado. Este examen esta dividido en dos partes. La

prueba inicial se llama (ELISA) y los resultados se confirman usando la prueba específica llamada (Western Blot).

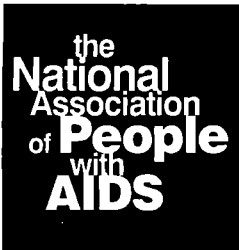
El Equipo de Prueba para la Casa: El individual hace esta prueba y usa la misma tecnología de la prueba de sangre típica. Las muestras individuales están colectadas en la casa, y enviadas al laboratorio. Los resultados son proveidos por medio del teléfono. Este tipo de prueba cuesta entre \$30 y \$45 y esta disponible en cualquier farmacia.

La Prueba de Transudado de Mucosa Oral: Esta prueba es una alternativa a la prueba de sangre típica. Utiliza una almohadilla especial que se coloca dentro de la boca, entre la encilla y la parte inferior del pomulo. La almohadilla recogen un fluido conocido como mucosa oral transudado. Este fluido contiene anticuerpos VIH cuando la persona esta infectada con el virus. Este examen no prueba la presencia de VIH en la saliva.

Prueba Rápida de Anticuerpos VIH: Mientras que la prueba normal de anticuerpos VIH requieren un período de hasta dos semanas para obtener resultados, la prueba rápida permite obtener resultados en un período de 10 a 30 minutos. La prueba rápida es una prueba de sangre utilizada para estudiar la presencia de anticuerpos VIH.

Los exámenes pueden detectar la presencia de anticuerpos VIH tan pronto como dos semanas hasta dos semanas después de haberse infectado. Algunas personas pueden tardar hasta seis meses antes de que puedan detectar anticuerpos en las pruebas de sangre. Puede haber un costo en la prueba de anticuerpos VIH pero en algunos casos el examen es gratis. Comunícate con tu Departamento de Salud local o por la Línea Nacional del SIDA (1800-342-2437) para obtener información sobre los lugares y opciones disponibles en tu area.

“Hazte La Prueba, Toma Control”



Fact Sheet

Women and HIV/AIDS

The AIDS epidemic has increased most dramatically among women, especially during the last decade. Women account for 16% of the total number of reported AIDS in the United States through June of 1998. Over 26% of the report HIV cases, from those states that have confidential testing, are women.

The impact of HIV infection on African-American and Latino woman has been disproportionate. They represent 25% of the women in the United States, but account for 80% of the AIDS cases among females, through June, 1998. Women, who developed AIDS by the age of 30, were most likely infected while in their teens or early twenties.

- AIDS is the leading cause of death of women ages 25-44 and the leading cause of death among African-American women.
- Of the reported AIDS cases in 1997 among 13-19 year olds, 49% were female: in the 20-24 year old age group, 38%; and the 25 and older group, 21% were female.
- 91% of all children reported with AIDS and 86% of all children reported to currently be infected with HIV were born to HIV-positive mothers.
- More than 80% of reported AIDS cases pediatric AIDS cases (those under age 13) are among African-American and Latinos.

Of all reported AIDS cases among women, most became infected through injection drug use. Also, the number of women infected with HIV heterosexually increases each year. Other factors that contribute to the rising number of HIV and AIDS cases among women include cultural and religious influences, especially among African-American and Latino women.

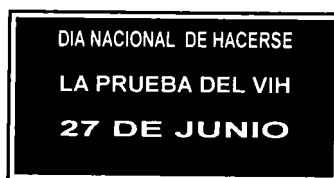
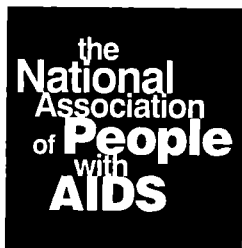
Reports suggest that women are likely to die from advanced HIV disease earlier than men. One reason is that many women are misdiagnosed, or learn of their HIV status in the latter stages of the disease. Therefore, it is important that women, and others, at risk for HIV infection, learn the benefits of knowing if they are HIV infected or not.

Updated: April 1999

Sources: CDC, HIV/AIDS Surveillance Report, 1998: 10(No. 1).

Kaiser Family Foundation, National Survey of Latinos on HIV/AIDS, 1998.

"Take the Test, Take Control"



Boletín Informativo

Mujeres y VIH/SIDA

La epidemia del SIDA ha aumentado dramáticamente entre mujeres, especialmente durante la última década. Las mujeres representan el 16 por ciento del número total de casos del SIDA reportados en los Estados Unidos hasta junio de 1998. Más del 26 por ciento de casos del VIH reportados, de los estados que administran pruebas confidenciales, son mujeres.

El impacto de la infección del SIDA en las mujeres afro-americanas y latinas ha sido desproporcionado. Ellas representan el 25 por ciento de las mujeres en los Estados Unidos, pero cuentan por el 80 por ciento de los casos del SIDA entre mujeres, hasta junio, 1998.

- Las mujeres que desarrollan el SIDA a los 30 años, fueron en la mayoría de los casos infectadas durante su adolescencia.
- El SIDA es la causa principal de muerte en las mujeres entre las edades de 25-44 años y la causa principal de muerte entre afro-americanas.
- De los casos reportados del SIDA en 1997 entre individuos de 13-19 años, 49% fueron mujeres: en el grupo de 20-24 años, 38%; y el grupo de 25 años o más, 21% fueron mujeres.
- Anglosajonas, no latinas, representan el 23 por ciento de casos reportados de SIDA, y 24 por ciento de casos reportados de VIH.
- El 91 por ciento de todos los niños reportados con SIDA y el 86 por ciento de todos los niños infectados con VIH fueron nacidos de madres VIH positivas.
- Más del 80 por ciento de los casos reportados de SIDA pediátrico (Aquellos menos de 13 años) están entre afro-americanos y latinos.

De todos los casos de SIDA reportados entre mujeres, la mayoría llegaron a ser infectadas por medio del uso de drogas. También, el número de mujeres heterosexuales infectadas aumenta cada año. Otros factores que contribuyen al continuo aumento de casos del VIH y SIDA entre mujeres incluyen las influencias culturales y religiosas, especialmente entre afro-americanas y latinas.

Informes indican que en la mayoría de los casos las mujeres mueren de enfermedad del VIH avanzada más pronto que los hombres. Una razón es que muchas mujeres están mal diagnosticadas, o descubren su estatus de VIH positivo en la etapa desarrollada de la enfermedad. Por lo tanto, es importantes que las mujeres, y otros, en riesgos de infección del VIH, sepan si están infectados o no.

Información de: CDC, HIV/AIDS Surveillance Report, 1998:(No. 1).

“Hazte La Prueba, Toma Control”

NHTD Team Captain List

State	City	Name	Organization	Phone
AK	Anchorage	Noel Rea	State of Alaska Department of HSS	(907) 269-8000
	Anchorage	Wendy Craytor	State of Alaska Department of HSS	(907) 269-8058
AL	Montgomery	Sandra Lengston, Director	Division of HIV/AIDS Prevention and Control	(334) 206-5364
AR	Little Rock	Arlene Rose, Director	AR DOH	(501) 661-2135
	Little Rock	Gary Horton, Director	AIDS/STD Division	(501) 661-2503
AZ	Phoenix	Christopher Brown, Chief	AZ Dept. of Health Services	(602) 230-5819
CA	Cameron Park	Melanie M. Spring		(916) 667-5661
	Covina	Jamie Espinoza		(818) 331-5246
	Los Angeles	Gabriel Rodriquez	Office of AIDS Programs & Policy	(213) 637-8425
	Sacramento	Drew Johnson, Chief	California Office of AIDS	(916) 323-4031
CO	Sacramento	Vanessa Baird	Office of AIDS, CA DoHS	(916) 323-7415
	Denver	Karen Ringen, E.D.	Governor's AIDS Council, CO DoH	(303) 692-2719
	Denver	Ann McGrath	CO DOH	(303) 692-2719
	Denver	Nancy Spencer	Program Manager, CO DoH	(303) 692-2741
CT	Fort Collins	Gerald E. Ernst		(970) 224-1115
	Hartford	Beth Weinstein, MPH	Connecticut Dept. of Health	(860) 509-7832
DC	Hartford	Brenda Delgado	AIDS Program	(860) 509-7832
	Washington	Ron Lewis, Administrator	Dept. of Health and Human Services	(202) 727-2500
	Washington	Stephen A. Miller	DC Department of Health	(202) 727-2500
DE	Washington	Ivan Torres	DC Department of Health	(202) 727-2500
	Dover	James C. Welch, RN	DE H&SS, Division of Public Health	(302) 739-3032
FL	Dover	Lillian Whitaker	DE Health & Social Services	(302) 739-3032
	Bal Harbour	Deidra Henry		(305) 865-5181
	Panama City	Tim Johnson	Bay County Public Health Department	(850) 872-4455
	Tallahassee	David Poole		(850) 488-9766
GA	Tallahassee	Marlene Lalota, MPH	Bureau of HIV/AIDS	(850) 921-4446
	Atlanta	Mark Schrader	Division of Public Health	(404) 657-3100
	Atlanta	Manuel Greene	Epidemiology & Prevention Bureau	(404) 657-3126
	Dunwoody	Elizabeth Harper		(770) 220-0406
GU	Agana	Bernie Provideo		
GU	Agana	Josie O'Mallon	Department of Public Health and Social Services	(671) 735-7142
HI	Honolulu	Peter Whitcar	HI-DOH	(808) 733-9010
	Honolulu	Roy C. Ohye	HI-DOH	(808) 733-9287
IA	Des Moines	John Katz	Lucas State Office Bldg	(515) 242-5838
	Des Moines	Patricia Young	Lucas State Office Bldg	(515) 242-5838
ID	Boise	Cameron Lewis	Bureau of Communicable Disease Prevention	(208) 334-5937
	Boise	Anne Williamson	Idaho STD/AIDS Program	(208) 334-6526
	Lewiston	Tracy Flynn		(208) 799-3100
IL	Chicago	Brandon Armani	c/o New City Health Center	(773) 737-5400
IN	Indianapolis	Michael Wallace, Director	IN DOH	(317) 383-6867
	Indianapolis	Lori Phillips	Indiana State Department of Health	(317) 233-7867
KS	Topeka	Karl Milhon	AIDS Director, Bureau of Disease Control	(913) 296-6036
KY	Frankfort	Tom Collins	Department for Public Health	(502) 564-6539
LA	Madisonville	Ron Turski, AIDS Director		(913) 296-3378
	New Orleans	Maria Ludwick	HIV AIDS Program - LA OPH	(504) 568-7523
	New Orleans	Beth Scalco, BCSW	HIV AIDS Program - LA OPH	(504) 568-7474
MA	Boston	Mindy Mazer, MPH	AIDS Bureau	(617) 624-5352
	E. Walpole	Susan Saraca		(508) 668-2747
MD	Baltimore	Yolanda A. Cavalier		(410) 765-5132
ME	Augusta	Mark Griswold	HIV/STD Program	(207) 287-2899
	Augusta	Michelle Mosher	HIV/STD Program	(207) 287-3747
MI	Detroit	Kris Judd, Program Manager	Mich Dept of Community Health	(313) 256-2079

NHTD Team Captain List

	Lansing	William Gerome Peebles	Division of HIV/AIDS/STD	(517) 335-8441
MN	Minneapolis	Jill DeBoer	Minnesota Department of Health	(612) 676-5143
	Minneapolis	Roy Denson	AIDS/STD Prevention Services	(612) 623-5760
	Minneapolis	Elaine Collison (media)	AIDS/STD Prevention Services	(612) 623-5698
MO	Jefferson City	Elisa Daues	Missouri Department of Health	(573) 751-6144
	Jefferson City	Mary Hayes	Missouri Department of Health	(573) 751-6141
MS	Jackson	Craig W. Thompson	MS DOH	(601) 960-7711
MT	Helena	Kay Robertson, RN	Lewis & Clark City-County Health Dept.	(406) 443-2584
	Helena	Sally Klein, RN, MBA	STD/HIV Section, DoPH&HS	(406) 444-9028
NC	Raleigh	Evelyn Foust, CPM, MPH	HIV/STD Prevention and Care	(919) 733-7301
ND	Bismark	Pam Vukelt	ND DOH, Division of Disease Control	(701) 328-2378
	Bismark	Ruth Vogel	ND DOH, Division of Disease Control	(701) 328-3322
NE	Lincoln	Steve Jackson	Nebraska Dept of Health	(402) 471-2504
	Lincoln	Sandra Klocke	HIV/AIDS Prevention/Planning	(402) 471-0193
NH	Concord	David Ayotte	Division of Public Health Services	(603) 271-4576
NJ	Trenton	Laurence E. Ganges	Division of AIDS Prevention & Control	(609) 984-6125
	Trenton	Steve Saunders	Division of AIDS Prevention & Control	(609) 984-6050
	Vineland	Douglas L. Riggins,	M.L. King Academy	(609) 692-6012
NM	Santa Fe	Don Torres, Chief	NM DOH	(505) 476-8451
NV	Carson City	Ken Adams, MPH	HIV/AIDS Program Office	(702) 687-4800
NY	New York	Cynthia R. Edwards	NYS DOH AIDS Institute	(212) 613-4987
OH	Cleveland	Roslyn Bucy Miller	Federation for Community Planning	(216) 781-2944
	Columbus	Lee Evans	OH DOH - HIV/STD Prevention	(614) 644-1850
	Columbus	Sherri Smith	ESCAPE	(614) 237-1443
OK	Oklahoma City	Joanie McPhetridge	Oklahoma State DoH	(405) 271-4636
	Tulsa	Kristi Frisbie	HOPE	(918) 834-8378
OR	Portland	Mark O. Loveless, MD	HIV/STD/TB Program	(503) 731-4029
PA	Harrisburg	Janice Kopelman, MSW, LSW	Pennsylvania Health Dept.	(717) 783-0479
	Harrisburg	Joseph Pease, MPH	Division of HIV/AIDS	(717) 783-0572
PR	San Juan	Francisco Javier Parga	Puerto Rico Department of Health	(787) 274-5601
	San Juan	Margarita Pagan-Medina	Puerto Rico Department of Health	(787) 274-5566
	San Juan	Mayra S. Locen	STD/HIV Prevention	(787) 274-3366
	San Juan	Dr. Orlando Lopez	Executive Director, P.A.S.E.T.	(787) 274-5502
RI	Providence	Paul Loberti	Rhode Island Dept. of Health	(401) 222-2320
	Providence	Carol Browning	RI DOH	(401) 222-2320
	Providence	Philip Kane	AIDS Project Rhode Island	(401) 831-5522
SC	Columbia	Lynda Kettinger, MPH	Health and Environmental Control	(803) 898-0749
SD	Pierre	LaJean Volmer, Administrator	Office of Disease Prevention/SD DOH	(605) 773-3737
TN	Memphis	Delois Bolden	MSCHD	(901) 576-7701
	Nashville	Victoria Moody	Cordell Hull Bldg, 4th Flr C.E.D.S.S.	(615) 532-2691
TX	Austin	Greg Beets	TX DOH	(512) 490-2535
	Waco	Julie Arabi	Waco HIV/AIDS Services	(254) 750-5499
UT	Salt Lake City	Randy Den	Utah Department of Health	(801) 538-6096
VA	Richmond	Casey Riley	Virginia Dept. of Heaalth	(804) 786-6267
VI	St. Thomas	Stan Phillips, Director	Virgin Islands DOH	(809) 774-3168
VT	Burlington	Craig Stevens	Vermont Department of Health	(802) 651-1532
WA	Olympia	Amy McAfrety/John Peppert	WA DOH	(360) 236-3486
	Olympia	Raleigh Watts	HIV Client Services/Washington State DoH	(360) 236-3477
WI	Madison	James M. Vergeront, MD	AIDS/HIV Program Division of Health	(608) 267-5287
	Madison	Kathleen Krishnavak	Division of Health	(608) 267-5287
WV	Charleston	Loretta Haddy	West Virginia Dept. of Health	(304) 558-5358
WY	Cheyenne	Terrance Foley	WY Dept of Health/HIV/AIDS Prevention Program	(307) 777-5932

TAKE THE TEST

NATIONAL HIV TESTING DAY
J U N E 2 7

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TIPS FOR PROMOTING/IMPLEMENTING NATIONAL HIV TESTING DAY IN YOUR LOCAL COMMUNITY

We strongly encourage you to participate in the promotion and implementation of *National HIV Testing Day* June 27. The materials included in this Campaign Kit are designed to help you develop your participation in ways that best serve your local community.

Major Sponsors:

Bristol-Myers Squibb
Immunology

Cable Positive, Inc.

U.S. Centers for Disease
Control and Prevention

U.S. Health Resources and
Services Administration

National Alliance of State
and Territorial AIDS
Directors

Whitman-Walker Clinic

In Partnership with:

Abbott Laboratories

Agouron Pharmaceuticals

Calypatebiomedical
Corporation

Epitope, Inc.

Gilead Sciences

HIV Talk Radio
Project, Inc.

Planned Parenthood
Federation of America

SmithKline Beecham
Consumer Healthcare

- **Localize the enclosed posters.** There is space in the bottom-right corner of each poster to include local information.

Note: If you offer HIV counseling and testing, write-in information regarding your organization's services, name, phone number, and address. If you do not offer HIV counseling and testing, write-in the name of an organization you wish to promote. Write-in the phone number for your states's or city's local HIV/AIDS hotline.

Example: Free HIV Test Monday - Saturday
9:00 - 9:00 p.m.
Call for Appointment: 222.222.2222
Whitman Walker Clinic
222 2nd Street, NW
Washington, DC 20006

- **Place the posters in areas where populations at risk congregate.**

Note: Visibility of materials is important, place in an area that has lighting.

Example: Local bar/club, arcades, laundry mat, community center, drug rehabilitation center, beauty salons, university student centers

Use the enclosed camera-ready art slicks to place ads in your local publications and newsletters.

Note: Like the posters, you should localize the material.

Example: *The slicks can be used to make flyers.*

Collaborate with other organizations which may have increased or additional access to populations you want to reach.

Note: Collaboration and networking is an essential tool for effective outreach activities. Know who your partners are in the fight against AIDS.

Example: *Churches, social clubs, support groups.*

Research upcoming events that your organization can participate in prior to NHTD on June 27.

Note: Use the opportunity to promote your services and National HIV Testing Day.

Example: *June 25 — Day of Compassion
 June XX — Graduation Day/Parties
 June XX — Beginning of Summer Vacation*

Use sample media advisory and public service announcements to promote National HIV Testing Day and your participation.

Note: Target local media that best reaches populations for whom you want to encourage counseling and testing services.

Example: *Radio, TV and print outlets whose audience/readership consists of youth, women, IVDUs, and communities of color.*

Know your target audience. Work with representatives of the communities you are targeting.

Note: Draw from community leaders, program volunteers or others to build your promotional activities.

Example: *City/State Representatives, clergy, teacher/volunteer of the year.*

Be conscious of your target audience's needs.

Note: Offer evening hours so people can come after work. Open on Saturday, June 26 or Sunday, June 27.

Example: *Consider having volunteers to serve as testing buddies to answer questions about the counseling and testing process, or to provide individual support during the waiting period for results — this is a very popular service for testing programs serving youth.*

TAKE THE TEST

NATIONAL HIV
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SAMPLE MEDIA ADVISORY



A media alert or media advisory is a brief (usually one-page) notice that alerts the media of an upcoming event. It tells what, when, who and why and provides the name and phone number of a contact person at your agency.

Media advisories are usually faxed two days before an event. Check with individual outlets to see if faxing is appropriate.

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National Alliance of State
and Territorial AIDS
Directors

Whitman-Walker Clinic

Always be sure to send your media alerts to wire services and ask them to list your event on their "daybooks." "Daybooks" are calendars of upcoming news events which are kept by wire services, such as AP, UPI, and Reuters. Remember some wire services distribute a list of the coming week's events on Friday afternoon.

The following is an example which should be released on your organization's letterhead.

For Immediate Release
Wednesday, June 23, 1999

Contact: XXX XXX
Tel: XXX.XXX.XXXX

In Partnership with:

Abbott Laboratories

Agouron Pharmaceuticals

Calypatebiomedical
Corporation

Epitope, Inc.

Gilead Science

HIV Talk Radio
Project, Inc.

Planned Parenthood
Federation of America

SmithKline Beecham
Consumer Healthcare

MEDIA ADVISORY

WHAT: (Your Agency) announces that it is expanding supporting National HIV Testing Day Campaign and is offering expanded hours to accommodate persons who want to get tested for HIV infection.

WHERE: (include location, street address and suite or floor number)

WHEN: (include date, day and time of event)

Contact: For more information, contact (name, organization title and telephone number)

SAMPLE RADIO PUBLIC SERVICE ANNOUNCEMENTS

Radio public service announcements (PSAs) are an excellent and easy way to promote your organization and National HIV Testing Day. A radio PSA should sound like a cross between a news story and commercial message. The PSA should be brief, interesting and conversational.

For best results send your radio PSA script with a short cover letter to your local radio stations at least one week prior to the start date. The cover letter should make the case for the timeliness or worth of the message - highlight local HIV/AIDS statistics (ex. Newark has the highest infection rate among women 18-44 years-old of any city in the nation.) You should choose stations whose demographics best matches your target audience.

The following is a sample radio PSA script which should be released on you organization's's letterhead.

SAMPLE PUBLIC SERVICE ANNOUNCEMENT

Contact: XXX XXXX
Telephone: XXX.XXX.XXXX

Start: June 15, 1999
Stop: June 28, 1999

Subject: Voluntary HIV Counseling and Testing

20 seconds: Did you know that June 27th is National HIV Testing Day? If you have ever had unprotected sex or shared needles, then you should consider getting an anonymous or confidential HIV test. For more information contact (your organization or local/state hotline at (telephone number.)

30 seconds: June 27th is National HIV Testing Day. If you have had unprotected sex or shared needles, you should consider being tested for HIV. (Organization) offers free HIV counseling and testing. The service is anonymous. To schedule an appointment or learn more information about HIV counseling and testing, contact (organization) at (telephone number.) Take the Test, Take Control.



POST-EVENT EVALUATION

Please complete the following post-event evaluation by August 27 (see *last page* for information on where to mail/fax). The information about your service provision for the week prior, the week during, and the week post-NHTD will greatly help to determine the impact of this Campaign on HIV counseling and testing in your area. This information is critical for improving counseling and testing services across the United States.

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____ E-mail: _____

PROVIDER INFORMATION

❖ My organization is (please check one):

- | | |
|---|---|
| ☐ State Health Department | ☐ AIDS Service Organization |
| ☐ County/Local Health Department | ☐ Community-Based Organization |
| ☐ Counseling and Testing Site (only) | ☐ Private Medical |
| ☐ Planned Parenthood Clinic | |
| ☐ Other (please describe) _____ | |

❖ My organization *primarily* serves (please check no more than two of the following):

- | | |
|--|--|
| ☐ children | ☐ substance users (including alcohol, IVDU, etc.) |
| ☐ gay/lesbian/bisexual/transgenders | ☐ teens/adolescents |
| ☐ homeless | ☐ women |
| ☐ immigrants/refugees | ☐ young gay men |
| ☐ incarcerated | |
| ☐ migrants (including seasonal) | |
| ☐ Other (please describe) _____ | |

❖ My organizations receives funding from the following sources(check all that apply):

- | | |
|---|--|
| ☐ State | ☐ Ryan White Care Act |
| ☐ County/City | (specify Title) _____ |
| ☐ CDC | ☐ Other HRSA Programs |
| ☐ Foundations | ☐ Medicaid/Medicare |
| ☐ Other (please specify) _____ | |

PROVIDER INFORMATION (CONTINUED)

- ❖ Do you operate a hotline? ☐ Yes ☐ No
- ❖ Do you provide counseling and testing services? ☐ Yes ☐ No
- If "Yes," what type of testing devices do you utilize?
- ☐ Confide ☐ OraSure ☐ Blood draw ☐ Other _____
- ❖ Do you provide medical services for clients who test positive for HIV? ... ☐ Yes ☐ No
- ❖ Do you provide referral services for clients who test positive for HIV? ... ☐ Yes ☐ No
- ❖ Do you provide referral services for clients who test negative for HIV? ... ☐ Yes ☐ No
- ❖ Do you provide prevention services for clients who test negative for HIV? ☐ Yes ☐ No

National HIV Testing Day CAMPAIGN-SPECIFIC INFORMATION

	60 Days Prior to Campaign (4/19 to 5/19)	Week of June 20th	Week of June 27th	Week of July 4th	30 Days Post- Campaign (7/11 to 8/11)
Total # of HIV Tests					
Total # of Calls					
Total # of First-Time Testers					
Total # Who Returned for Test Results					
Total # of Seropositive Results					

- ❖ Please provide a *brief* description of your National HIV Testing Day-related activities
(attach any advertisement, press clippings and event materials)

❖ To help promote National HIV Testing Day, my organization (check *all* that apply):

- | | |
|--|---|
| ☐ Conducted community outreach | ☐ Distributed a PSA script to local radio stations |
| ☐ Placed advertisements | ☐ Distributed a press release/media alert |
| ☐ Worked with other organizations to promote testing and counseling | ☐ Other (specify) _____ |

❖ National HIV Testing Day information/materials disseminated (check *all* that apply):

- | | |
|---|--|
| ☐ Posters | ☐ Press Release |
| ☐ Camera ready flyer/advertisement | ☐ News Print: article/ad. |
| ☐ Media Advisory | ☐ Radio: PSA |

❖ Which of these did you find the most useful? (check *only two*):

- | | |
|---|--|
| ☐ Posters | ☐ Press Release |
| ☐ Camera ready flyer/advertisement | ☐ News Print: article/ad. |
| ☐ Media Advisory | ☐ Radio: PSA |

❖ **Where were print-related materials posted? (Check *all* that apply):**

- | | | |
|--|---|--|
| ☐ Bars | ☐ Clinics | ☐ Physicians offices |
| ☐ Beauty salons | ☐ Commercial areas | ☐ Residential neighborhoods |
| ☐ Bus stops | ☐ House of prayer | ☐ Restaurants |
| ☐ Schools (grammar, Jr. High, High school, College) | | |
| ☐ Other (specify) _____ | | |

CONSUMER/CLIENT DEMOGRAPHICS

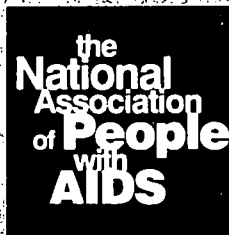
How many of your clients were?		
Race/Ethnicity	Approximate Numbers	
	Male	Female
White, non-Hispanic		
Black, non-Hispanic		
Hispanic		
Asian/Pacific Islander		
American Indian/Alaska Native		
Other		

How many of your clients were?			
Age	Approximate Numbers	Age	Approximate Numbers
under 12		40-44	
13-19		45-49	
20-24		50-54	
25-29		55-59	
30-34		60-64	
35-39		65 or older	

❖ **What motivated clients to get tested for HIV? (Check the *two* that clients said most often):**

- | | |
|---|--|
| ☐ Experiencing symptoms | ☐ Read an HIV Testing Day news article |
| ☐ Had been thinking about it for a while | ☐ Saw a TV commercial (OraSure, etc.) |
| ☐ Heard an HIV Testing Day radio PSA | ☐ Saw/Read HIV Testing Day Poster/flyer |
| ☐ Notified by Health Dept. about possible risk | ☐ Saw an NHTD-related TV news story |
| ☐ Partner is positive (sero-discordant) | ☐ Other (specify) _____ |

THANK YOU! Please return this Post-Evaluation Form by **August 27th** to: **NAPWA, Attn: Tony Farmer, 1413 K Street, NW, 7th Floor, Washington, D.C. 20005-3442; or fax at (202) 898-0435.**



**1413 K Street NW
Washington DC 20005-3442**

**(202) 898-0414
Fax: (202) 898-0435**

Email: napwa@napwa.org

www.napwa.org

**PHOTOCOPY
PRESERVATION**